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NAME: _____

SUPPLEMENT TO THE APPLICATION FOR COMPUTER OPERATOR II

The information requested on this supplement will be used to evaluate your qualifications for employment consideration as a Computer Operator II. Please complete the supplement in addition to the application form. Use additional sheets as necessary.

1. List the computer systems (manufacturer and model no.) that you have operated beginning with your current or most recent position and working backwards. For each computer system listed, provide the name of the employer and the dates during which you were an operator (From and To), (Month and Year).

2. Describe your experience providing help desk support to users.

3. Have you operated a system console or managed a network? If yes, provide the name of the operating system, the corresponding computer system, a brief description of the operations you performed, and the approximate percentage of time spent.

Name of operating system: _____

Name of computer system: _____

Description of operations: _____

Percentage of time spent: _____

4. Did any of the computer systems you operated have remote site locations? If yes, describe your responsibilities for supporting and maintaining communications.

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5. Briefly describe the utilities you have used to monitor mainframe, midrange or network systems.

6. Have you ever used remote control software? If yes, list the software and what it was used for.

7. Did you complete a course of study in computer operations or data processing from an accredited business school or community college for which a diploma or degree was awarded? If yes, list the courses you completed and submit a copy of your transcripts as verification.

8. I am able to lift and carry a case of computer paper, which weighs up to sixty (60) pounds.

YES: _____

NO: _____

I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever discovered, is grounds for the denial of or immediate separation from employment.

Signature: _____

Date: _____