

# **MOSQUITO CONTROL & WEED MANAGEMENT SPRAYER/OPERATOR SUPPLEMENTAL QUESTIONNAIRE**

**DIRECTIONS:** In the blanks provided on this sheet of paper, write a response to the information requested. Your responses will be used to determine if you possess some of the necessary job skills and availability for the sprayer/operator position. Failure to respond to any of these questions will significantly reduce your chances of being selected for an available position.

1. Describe any insecticide application experience you may have. Describe any herbicide application experience you may have.

2. Describe any off-road driving experience you may have. Include any experience with All Terrain Vehicles (ATVs) or motorcycles.

3. Describe what vehicles you have operated with a standard transmission. Include the length of time and the conditions under which you operated these vehicles.

4. Do you have any scheduled activities that would require you to request time off during the period from April 16<sup>th</sup> through September 1st? If so, please list dates and reasons.

5. Please list the date you would be available to start.