

Customer Service Supervisor - Supplemental Questionnaire

Your Name

Date

I. MINIMUM QUALIFICATIONS

- High School Diploma or GED equivalent YES NO

- List your post-secondary education, including institution, degree, graduation date and dates attended:

- Minimum of five years customer service experience? YES NO
- Minimum of three years supervisory experience? YES NO
- Do you possess a valid MN Driver's License? YES NO

II. DESIRED QUALIFICATIONS

1. Please list your experience with the following computer software programs and your proficiency with each program. Please list and rank any additional program experience. Please rank all programs 1 to 5, with 1 being the lowest proficiency and 5 being highest proficiency.

- | | | | |
|----|---|-------------|-------|
| a. | Microsoft Office – Word | Proficiency | _____ |
| b. | Microsoft Office – Excel | Proficiency | _____ |
| c. | Microsoft Office - Outlook | Proficiency | _____ |
| d. | Credit Card Terminal | Proficiency | _____ |
| e. | Billing Software | Proficiency | _____ |
| f. | List other software in which you are proficient | Proficiency | _____ |

- 2. Do you have experience working with diverse populations? YES NO
- 3. Do you speak a language other than English? If Yes, please state below. YES NO
Other language(s): _____
- 4. Do you have experience operating, receipting, and balancing a cash drawer? YES NO
- 5. Do you have experience with credit and collections? YES NO

If YES, list company, position and dates of service:

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6. Do you have experience working with customers to establish financial arrangements? YES NO

If YES, list company, position and dates of service:

7. Do you have experience operating multi-line phone or switchboard? YES NO

If YES, list company, position and dates of service:

8. Describe your related experience in a customer service role with cash drawer management:

9. Describe your supervisory experience:

I hereby certify that all answers contained in this application are true and I agree and understand that any misrepresentation or omission of facts contained in my application for employment or this addendum will be grounds for disqualification for employment, or in the event of employment, immediate dismissal from employment upon later discovery of any omission of facts or misrepresentations.

I further understand that if offered a position, I must submit to and pass a controlled substance screen and will be required to submit to and pass a background check and employment reference checks.

By my signature on this form, I hereby acknowledge that I have read and understood the above statements. **Failure to sign application forms may result in rejection of your application.**

Applicant's signature: _____ Date: _____