
Please print your name

ACCOUNTANT-AUDITOR
Supplemental Questionnaire

As stated in the examination announcement for this position, a properly completed Supplemental Questionnaire must be submitted for this examination along with an application. Failure to submit the Supplemental Questionnaire or submission of a Supplemental Questionnaire that is incomplete will result in disqualification.

The purpose of this questionnaire is for you to identify your qualifications and experience in job-related areas. A panel will review applications and Supplemental Questionnaire responses to determine which candidates meet the minimum requirements. It is critical that you fill out the supplemental questionnaire completely, listing all education, experience or special training which might demonstrate your qualifications in the rating areas.

I. EDUCATION

For each college-level course (or group of courses) listed below, please indicate in the appropriate column: which ones you have completed, how many semester or quarter units you received and the grades you obtained (i.e., A, B, C, etc.).

Course	COMPLETED	Number of Units		GRADE RECEIVED
		Semester	Quarter	
Principles of Accounting				
Intermediate Accounting				
Introduction to Auditing				
Cost Accounting				
Introduction to Electronic Data Processing				
Fund/Governmental Accounting				

LIST OTHER UNDERGRADUATE ACCOUNTING/AUDITING COURSES:

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II. EXPERIENCE

For each applicable experience area listed below, please indicate in the appropriate column: the name(s) of the organization(s) where you received such experience; what type of organizations they were; and how long (in months) you were employed in that area. Within experience areas, please list most recent employer first.

EXPERIENCE AREA	NAME OF EMPLOYER	TYPE OF ORGANIZATION	NO. MONTHS EXPERIENCE
Preparing Adjusting and Closing Entries			
Preparing Financial Statements			

LIST OTHER PROFESSIONAL ACCOUNTING EXPERIENCE:

Conducting Financial Audits			
Conducting Internal Audits			

LIST OTHER PROFESSIONAL AUDITING EXPERIENCE:

CERTIFICATION OF APPLICANT: I hereby certify that I am the author of this questionnaire and that all information presented is true and based on my background, skills, and experiences. I agree and understand that misstatements or omissions of material facts, or alterations to questions on this Supplemental Questionnaire herein may forfeit my rights to any employment in the service of the County of Alameda.

SIGNATURE:

DATE: