

**SOLID WASTE SUPERINTENDENT  
SUPPLEMENTAL INFORMATION SHEET**

Name \_\_\_\_\_

Instructions: This form is to be completed as part of your application. The information you provide will be used to determine whether you meet the minimum qualification requirements. Complete this form as accurately and completely as possible. Incomplete information on this supplement may result in the non-acceptance of your application.

Describe your experience accurately and in as much detail as possible. NOTE: In your write-ups, avoid using vague and ambiguous terms such as "was responsible for," "researched," "handled," "processed," etc. Instead, use specific language which shows clearly the exact nature of the tasks you performed, and the extent of your involvement.

**A RESUME IN LIEU OF THE SUPPLEMENTAL INFORMATION SHEET WILL NOT BE ACCEPTED.**

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Please circle the choice which applies to your education, driver's license, and work experience.

1. Do you have a high school diploma or equivalent (G.E.D.)?

- a. yes
- b. no

2. Do you possess a valid driver's license?

- a. yes - please attach a copy of your driver's license
- b. no

**MINIMUM QUALIFICATION REQUIREMENTS:**

- 5 years of supervisory experience in general construction or equipment maintenance activities, of which
- 3 years shall have included the operation, construction, or repair and maintenance of solid waste facilities or related solid waste construction equipment.

3. Do you have the minimum work experience as described above?

- a. yes
- b. no

If "yes," describe your work experience, beginning on the next page, which you believe qualifies you to meet the minimum experience requirements.

(continued)

**SOLID WASTE SUPERINTENDENT**

Supplemental Information Sheet

Name: \_\_\_\_\_

**COMPLETE A SEPARATE FORM FOR EACH EMPLOYER WHERE YOU GAINED THE REQUIRED EXPERIENCE.** If you have been employed in more than one related position with the same employer, or if your duties changed significantly within a position, complete a separate form for each position. DUPLICATE THIS FORM OR USE ADDITIONAL SHEETS AS NECESSARY.

**A RESUME IN LIEU OF EMPLOYMENT INFORMATION AS REQUESTED BELOW WILL NOT BE ACCEPTED.**

I gained the required work experience at the following employer:

Employer \_\_\_\_\_  
Dates of employment - From \_\_\_\_\_ (mo./yr.) To \_\_\_\_\_ mo./yr.)  
Reason for leaving \_\_\_\_\_  
Number of hours worked per week (use your best estimate) \_\_\_\_\_  
Your job title \_\_\_\_\_  
Job title of your supervisor \_\_\_\_\_

For the above position, indicate the percentage of time you spent in each activity.

		<u>% of Time</u>
1.	<b>Supervisory experience in general construction or equipment maintenance</b> Describe duties: _____ _____ _____	_____ %
2.	<b>Operation, construction, or repair and maintenance of solid waste facilities or related solid waste construction equipment</b> Describe duties: _____ _____ _____	_____ %
3.	<b>Other duties</b> Describe: _____ _____ _____	_____ %
<b>TOTAL</b>		<b><u>100</u> %</b>

Note: If you are including work experience gained through temporary assignment, please attach written verification from your employer of the total number of hours performed in this task.  
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**I hereby certify that all statements in this form are true and correct, to the best of my knowledge, and I agree and understand that any misstatements of material facts may cause forfeiture of all rights to any employment in the County of Hawai`i.**

**I further request and authorize the employer, his agent, and/or contact person named herein, to furnish verification of the statements made herein and/or employment information as requested by the Department of Human Resources.**

Date \_\_\_\_\_ Signature \_\_\_\_\_