



Court of Appeal, Second Circuit

INFORMATION TECHNOLOGY SPECIALIST SUPPLEMENTAL QUESTIONNAIRE

Complete this supplement in addition to the regular employment application. This supplement is designed to clarify your related experience.

Please print your name _____

SKILLS ASSESSMENT				
SERVER/DESKTOP TECHNOLOGIES	<i>Select the box which reflects your highest level of skill, along with the most recent date used.</i>			
Indicate below the types, e.g. OS/revision	<i>Limited Exposure</i>	<i>Work Experience</i>	<i>Used extensively</i>	<i>Date of most recent experience (month/year)</i>
<i>Novell</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Microsoft</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>UNIX/Linux</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Email</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>SAN</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Virtual Servers</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>OFFICE APPLICATIONS (Microsoft, Corel, Opensource)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

HARDWARE				
Indicate below the types, e.g. Manufacturer, Model	<i>Limited Exposure</i>	<i>Work Experience</i>	<i>Used extensively</i>	<i>Date of most recent experience (month/year)</i>
<i>Desktops</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Laptops</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Printers/Faxes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Routers/Switches</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>PBX</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Wireless</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

User Interaction Skills					
<i>Rate your skill level in working with users on the job in order to help them achieve goals.</i>					
	Exceptional	Exceeds Requirements	Meets Requirements	Marginal	Needs Work
Service orientation — Actively looking for ways to help others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination — Adjusting actions in relation to the actions of others as necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructing — Teaching others to do something, making sure that they comprehend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking — Talking to others to convey information effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing — Communicating effectively in writing as appropriate for the intended recipients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email etiquette — Taking time to write clearly and respond appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Certifications

Indicate which industry certifications you possess (Include year obtained)

OTHER EXPERIENCE

Please describe the types of applications (court case management; network system capacity planning; network configuration management; Internet caching and security; E-mail administration/management; tape backup management, etc.) for which you have performed systems analysis and design, systems administration and/or programming. Specify your involvement, i.e. systems analysis, design, administration and/or programming.

Add any other aspects of your qualifications which you believe may place you among the best qualified for the position.

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 Court of Appeal, Second Circuit.

SIGNATURE:

DATE: