Name: _____

Date: _____

Supplemental Questionnaire

Health and Safety Section
Associate Personnel Analyst
290-331-5142-714

This questionnaire will assist in reviewing your qualification for the Associate Personnel Analyst vacancy. Applications submitted without the completed Supplemental Questionnaire will not receive further consideration. Please limit your responses to no more than two pages total.

1. In a paragraph, please describe your experience and training in the area of workers' compensation.

2. In a paragraph, please describe your experience in working with employees and management to keep an employee actively employed when the employee has temporary work restrictions as the result of a work related illness or injury. Include in your response what needs to be considered.

3. Describe your experience in returning an employee to work after they have been off work as the result of an illness or injury. Include in your response what needs to be considered.