

Applicant Name: _____

Operations Manager Supplemental Questionnaire

*Additional sheets may be used to complete the following questions.
Please print or type your name at the top of each additional sheet.*

1. Please describe your experience scheduling and directing the work of others.
2. Please describe your experience managing people.
3. Please give an example of a recent project that you managed.
4. Please describe your experience in ensuring safe work programs and practices.