Name: _____

Date: _____

**SMCHD Deputy Harbormaster**
## Supplemental Questionnaire

This supplemental questionnaire must be completed and submitted with your application. Failure to do so will be deemed as sufficient grounds to deny your entrance into the competitive process.

*Note: Must hand-write your answers below. (Do not add additional pages.)*
*If delivering electronically, scan or take picture.*

1. Please describe any training you have received that you feel is relevant to this position.

2. Describe your ocean and boating experience.

3. List your top three personal qualities that you feel will help you to become a successful Deputy Harbormaster. Please provide brief explanations with each.

4. Describe your actions during a specific stressful situation that would apply to this position.