

**WEST VIRGINIA DIVISION OF PERSONNEL  
FINANCIAL REPORTING SPECIALIST SUPPLEMENTAL QUESTIONNAIRE**

Please print your NAME, SOCIAL SECURITY NUMBER, and the DATE on the lines below.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SSN: \_\_\_\_\_ PHONE: \_\_\_\_\_

The purpose of this questionnaire is to obtain information to be used in determining your eligibility for **Financial Reporting Specialist**. Please be sure to complete your **APPLICATION FOR EXAMINATION** first. **Both the APPLICATION FOR EXAMINATION and this questionnaire must be completed and submitted in order for you to receive a score.** Be sure to put your Name and Social Security Number on all papers you return to us. If you have any questions regarding these forms, please feel free to contact the Division of Personnel by calling (304) 558-3950 ext. 503 in Charleston or writing for more information.

In filling out this questionnaire please try to be as accurate and complete as you possibly can. The more accurate you can be in answering the questions, the better we will be able to evaluate how well your work experience and education have prepared you for work as a Financial Reporting Specialist. Your score on this questionnaire will be based on information you give in answering each question so be careful to answer every question to the best of your ability. Credit will not be awarded for questions which are not answered completely. Please do not submit a resume in lieu of completing this questionnaire and green Application for Examination. Training and experience information presented on this questionnaire **must** be verifiable through specific information shown on the green application. **Note: Use "X" to for check box responses.**

1. Do you possess a four-year degree from an accredited college or university with a major in accounting?		<b>Yes</b>		<b>No</b>
2. Do you possess at least one year of paid experience using a PC or mainframe?		<b>Yes</b>		<b>No</b>
3. Do you have a post-graduate degree?		<b>Yes</b>		<b>No</b>

**If Yes, what area(s):**

4. Are you a CPA?		<b>Yes</b>		<b>No</b>
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**If so, Board of Accountancy Certificate No:**

5. Please enter the total number of <u>years and months</u> of paid experience in all previous jobs, if any, in each of the following areas:		<b>Years</b>	<b>Months</b>
a. Preparing financial statements in accordance with generally accepted accounting principles that are audited by independent CPA's?			

**Name of organization:**

b. Auditing financial statements prepared in accordance with generally accepted accounting principles?			
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**Name of organization:**

c. Providing accounting system support for the preparation of financial statements in accordance with generally accepted accounting principles that are audited by independent CPA's?			
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**Name of organization:**

<p>6. As a preparer/auditor for GAAP based financial statements of audits, enter the no. of years and months of experience at each level of responsibility listed below:</p> <p>Staff</p> <p>Senior/Supervising Accountant</p> <p>Manager/Accounting Manager</p> <p>Senior Manager/Controller</p> <p>Partner/CFO</p>	<p><b>Years</b></p>	<p><b>Months</b></p>	<p><b>Name of Organization</b></p>
<p>7. As a preparer/auditor of GAAP based financial statements, enter the number of years and months of experience at each level of responsibility listed below:</p> <p>Prepare journal entries</p> <p>Prepare workpapers</p> <p>Review workpapers</p> <p>Review/Prepare footnotes</p> <p>Review/Prepare financial statements</p> <p>Prepare financial analysis</p> <p>Coordinate independent audit</p>	<p><b>Years</b></p>	<p><b>Months</b></p>	<p><b>Name of Organization</b></p>
<p>8. Please indicate below the <u>largest</u> organization for which you had significant responsibility in performing your assignments. (<b>Check (X) one.</b>)</p> <p><b>Total Revenue</b> (annual basis)</p> <p>Less than \$100,000</p> <p>Over \$100,000. Less than \$1,000,000</p> <p>Over \$1,000,000. Less than \$10,000,000</p> <p>Over \$10,000,000. Less than \$100,000,000</p> <p>Over \$100 million annually</p>	<p><b>Check One</b> ▼</p>	<p><b>Name of Organization</b></p>	
<p>9. If you have supervisory experience (of accountants), enter the number of years and months for each staff size as listed below:</p> <p>1 - 5 accountants</p> <p>6 - 10 accountants</p> <p>more than 10 accountants</p>	<p><b>Years</b></p>	<p><b>Months</b></p>	<p><b>Name of Organization</b></p>

10. Please indicate the automated system areas for which you have had responsibility (check (X) all that apply):	<b>Check</b> ▼	<b>Primary Employer</b>

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11. Indicate the number of years and months of experience using the software applications listed below:	<b>Years</b>	<b>Months</b>

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Continue on the next page

**12. Government Finance Officer's Association Experience:**

a. Do you currently or have you within the last five years served as a review committee member for the GFOA Certificate of Achievement for Excellence in Financial Reporting?

	<b>Yes</b>		<b>No</b>
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**If Yes, dates served:**

b. Have any organizations with which you have been involved received the GFOA Certificate of Achievement within the last five years?

	<b>Yes</b>		<b>No</b>
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**Name of Organization:**

c. Have any organizations with which you have been involved submitted a CAFR to the GFOA for the Certificate of Achievement (but not received the Certificate)?

	<b>Yes</b>		<b>No</b>
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**Name of Organization:**

d. Please check (X) each of the following GFOA sponsored training courses which you have attended in the past five years:

Intermediate Governmental Accounting

GAAFR Review

Annual GFOA Conference

Advanced Governmental Accounting

Advanced Financial Reporting

Other GFOA courses (List below)

<b>Check (X) below</b>	

**CERTIFICATION OF APPLICANT:**

**“My signature below certifies that all information in this questionnaire is complete and correct to the best of my knowledge and belief.”**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_