Required Supplemental Application Form

Applicant Name: _____

PUBLIC WORKS MAINTENANCE WORKER

YOU MUST COMPLETE AND RETURN THIS FORM TO BE CONSIDERED AS AN APPLICANT. Please note:

This supplemental form will be used to rank applicants, so please be complete and accurate in your responses.

Do you have a	a high school di	ploma or equiv	alent? (choose one) YES	NO
Do you posses (choose one)	ss at least one y YES	year of street/v NO	vater/sewer construction ar	nd maintenance experience
Please detail y	your constructi	on and mainter	nance experience, including	equipment used:
Road Con	struction & Str	reets Maintena	nce	
(choose one)	YES	NO		
	Equipment Use	<u>}d</u>	Company	Dates/Duration
Parks Mai	intenance			
(choose one)	VEC	NO		
	YES n your parks ma Equipment Use	NO aintenance expo ed	erience below: Company	Dates/Duration
Please explain	n your parks ma	aintenance expe		Dates/Duration
Please explair Experience &	n your parks ma	aintenance expo ed		Dates/Duration
Please explair Experience &	n your parks ma Equipment Use d Waste Water	aintenance expo ed	Company	Dates/Duration

Do you hold any water or waste water licensures?

(B) (choose one) YES NO

Please detail your water and waste water licenses below:

License License # License Effective Dates

3. Do you possess experience in a **municipal** Public Works department?

(choose one)	YES	NO		
Organization			Describe Duties	Duration

4. Do you possess a Technical degree or certificate in a related field?

(choose one) YES NO

If you answered yes, please list the specific degree or certificate and list the school from which you received the degree/certificate. If possible, include a copy of your certificate or degree.

Degree or Certificate: _____

Field: _____

Institution: _____

5. Please list your experience with the following equipment and your proficiency with each type. Please rank 1 to 5, with 1 being lowest proficiency to 5 being highest proficiency for your proficiency with each piece of equipment listed below.

Wheel Loader Proficiency: Describe your experience:

Street Sweeper Proficiency:

Describe your experience:

Skid Loader

Proficiency:

Describe your experience:

Mower Proficiency: Describe your experience:

Aerial Lift Bucket Truck Proficiency: Describe your experience:

List other street, park, and/or utility maintenance and repair equipment you are proficient with, and describe your experience with each:

6. Do you possess a valid MN Commercial Driver's License?

(choose one)	YES	NO			
If yes, what typ	be of CDL: (a	choose one)	Class A	Class B	
Do you possess any license endorsements? (choose one)			YES	NO	
If yes, please li	st specific e	ndorsements			

6. Do you have any previous experience snow plowing with a commercial driver's license?

(choose one) YES NO

If yes, please describe your experience, the type of equipment used, the duration youperformed this work, and the company you worked for:CompanyExperience & Equipment UsedDates/Duration

7. (A) What do you think is the key to providing quality customer service?

(B) Describe how you have demonstrated this in your past work history.OrganizationDescribe Customer Service DutiesDuration

8. *Other qualifications:*

Summarize special job-related skills and qualifications acquired from employment, education or other experience.

I hereby certify that all answers contained in this application are true and I agree and understand that any misrepresentation or omission of facts contained in my application for employment or this addendum will be grounds for disqualification for employment, or in the event of employment, immediate dismissal from employment upon later discovery of any omission of facts or misrepresentations.

I further understand that if offered a position I must submit to and pass a controlled substance screen, and will be required to submit to and pass a criminal background check and employment reference checks.

By my signature on this form, I hereby acknowledge that I have read and understood the above statements. Failure to sign application forms may result in rejection of your application.

Applicant's signature: _____

Date: _____