

**Silver Creek Township  
Supplemental Application for  
Public Works  
Maintenance Worker**

APPLICANT NAME: \_\_\_\_\_

INSTRUCTIONS: Please complete each question on the Supplemental Application, even if it repeats information contained in the Employment Application. Your responses to the Supplemental Application are used to evaluate your qualifications for this position. Failure to complete the Supplemental Application may limit our ability to evaluate your application. Please use additional sheets of paper if needed.

- Education.** List the institution where any post high-school training or coursework was completed, the area of concentration/major, and whether a degree was received or how many years were completed.

Institution	Area of Concentration/Major	Degree or Years Completed

- Related Work Experience.** List positions and organizations in which you have performed public works maintenance activities such as snow removal, street repair and maintenance, boulevard repair and maintenance, storm sewer repair and maintenance, equipment care and maintenance, and tree trimming and removal.

Position	Organization	Dates Held (mo/yr-mo/yr)	Responsibilities

3. Please list the machinery/equipment you are qualified to operate (e.g., backhoe, forklift, snowplow, driving lawn mower, chainsaw, etc.) and describe your experience with each:

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4. **Commercial Driver’s License.** Do you have a current Minnesota Class B driver’s license?

\_\_\_\_\_ YES \_\_\_\_\_ NO

Do you possess any endorsements for your CDL (i.e., tanker and air brake endorsements)?

\_\_\_\_\_ YES \_\_\_\_\_ NO

5. **Work Habits.** Have you ever been disciplined for unsafe work habits?

\_\_\_\_\_ YES \_\_\_\_\_ NO (If yes, please explain):

6. **Municipal Work Experience.** List positions and organizations in which you have performed public works duties in a municipal (city) setting. Give the position, dates held and responsibilities.

Position	Organization	Dates Held (mo/yr-mo/yr)	Responsibilities

7. 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, based on your proficiency with each piece of equipment listed below.

<p><b>Loader</b> Proficiency: (circle one) 1 2 3 4 5</p>
<p>Describe your experience:</p>

**Snowplow**

Proficiency: (circle one) 1 2 3 4 5

Describe your experience:

**Bobcat**

Proficiency: (circle one) 1 2 3 4 5

Describe your experience:

**Tractor/mower combination**

Proficiency: (circle one) 1 2 3 4 5

Describe your experience:

**Road Grader**

Proficiency: (circle one) 1 2 3 4 5

Describe your experience:

8. *Other qualifications:*

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

I certify that all answers to the above questions are true. I understand that any false or missing information from this supplemental application may be cause for rejection of this application or termination of employment and that failure to provide necessary information to rate my training and experience may affect my score.

I further understand that if offered a position, I must submit to and pass a controlled substance screen and other required DOT screens, pass a physical 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