Silver Creek Township Supplemental Application for <u>Public Works</u> <u>Maintenance Worker</u>

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.

1. **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

2. **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

ommercial Driver's	License. Do you have a curre	ent Minnesota Class A driver'	s license?
YES	NO		
Do you possess YES	any endorsements for your CI NO	DL?	
ork Habits. Have yo	u ever been disciplined for un	safe work habits?	
YES	NO (If yes, please explain	1):	
•	1 0	ganizations in which you have osition, dates held and respons	
orks duties in a munic		· •	
		Dates Held	
Position	Organization	Dates Held (mo/yr-mo/yr)	Responsibilities
			Responsibilities
Position	Organization	(mo/yr-mo/yr)	<u>-</u>
Position Please list your experience ank 1 to 5, with 1 bein	Organization nce with the following equipment of the proficiency to 5 being lowest proficiency		<u>-</u>
Please list your experie ank 1 to 5, with 1 bein with each piece of equip	Organization nce with the following equipment of the proficiency to 5 being lowest proficiency	(mo/yr-mo/yr)	<u>-</u>
Position lease list your experients 1 to 5, with 1 bein	Organization nce with the following equipment listed below. 1 2 3 4 5	(mo/yr-mo/yr)	<u>-</u>

Snowplow	
Proficiency: (circle one) 1 2 3 4 5	
Describe your experience:	
Bobcat	
Proficiency: (circle one) 1 2 3 4 5	
Describe your experience:	
Tuestau/manuau acushination	
Tractor/mower combination	
Proficiency: (circle one) 1 2 3 4 5 Describe your experience:	
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.				
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Applicant's Signature	Date			