

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Do you have any of the following (check all that apply):

- ☐ CTAA Pass Basic Certificate
- ☐ First Aid / CPR / AED Certificate
- ☐ Defensive Driving Course

If you do not have these certificates already, you will need to obtain them prior to work start.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_