

CITY OF TWO HARBORS

PUBLIC WORKS SPECIALIST I.

Required Supplemental Application Form

Applicant Name: _____ Date: _____

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.

1. Do you possess a valid Minnesota Class B Driver's License or equivalent or the ability to obtain one within six months (6) of date of hire?
(choose one)

YES NO

2. Do you have previous demonstrated work history related to public works, utilities, construction, carpentry, machine or equipment operation, or other demonstrated trade work? (choose one)

YES NO

If yes, please describe below:

3. Do you have any equivalent combination of education and experience which demonstrates the ability to successfully complete the duties outlined in the position description for Public Works Specialist I.? (choose one)

YES NO

If yes, please describe below:

4. Do you possess a valid Minnesota Class A Driver's License? *(choose one)*

YES NO

5. Do you have a degree or diploma related to a trade? *(choose one)*

YES NO

If yes, please describe:

6. Do you have certificates or additional training related to the position? *(choose one)*

YES NO

If yes, please describe:

7. Do you have basic to intermediate knowledge of equipment, facilities, materials, methods, tools and procedures used in maintenance, construction and repair activities? *(choose one)*

YES NO

If yes, please describe:

8. Please circle each of the following tools and equipment that you have skill in operating:

Pickup truck	Lawn Mowers	Chainsaws	Street Saws
Jacks	Pumps	Compressors	Generators
Common Hand and Power Tools		Shovels	Wrenches
Detection Devices	Mobile Radio	Smart Phone	

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.

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: _____