**Public Works Maintenance Worker Supplemental Application, LMC Model Form**

*Helpful background information on this model may be found in the Information Memo* [“Veterans Preference in Hiring”.](https://www.lmc.org/resources/veterans-preference-in-hiring/)

**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.

1. Do you have a high school diploma or equivalent?  *(choose one*) **YES NO**

1. Do you possess at least one year of street/water/sewer construction and maintenance experience? *(choose one*) **YES NO**

Please detail your construction and maintenance experience, including equipment used:

* **Road Construction & Streets Maintenance**

*(choose one*) **YES NO**

Please explain your road construction and maintenance experience below:

Experience & Equipment Used Company Dates/Duration

* **Parks Maintenance**

*(choose one*) **YES NO**

Please explain your parks maintenance experience below:

Experience & Equipment Used Company Dates/Duration

* **Water and Wastewater Experience**

1. *(choose one*) **YES NO**

Please explain your water and/or waste water experience below:

Experience & Equipment Used Company Dates/Duration

Do you hold any water or waste water licensures?

1. *(choose one*) **YES NO**

Please detail your water and/or waste water licenses below:

License License # License Effective Dates

1. Do you possess experience in a **municipal** Public Works department?   
   *(choose one*) **YES NO**

Organization Describe Duties Duration

1. 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: \_\_\_\_\_\_\_

1. 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.

 *[Cities will want to list some of their specific equipment- perhaps five types of equipment; for consideration, six suggestions are listed below but again can be edited as a city desires.]*

**Wheel Loader**

Proficiency:

Describe your experience:

**Street Sweeper**

Proficiency:

Describe your experience:

**Skid Loader**

Proficiency:

Describe your experience:

**Mower**

Proficiency:

Describe your experience:

**Snow plows/pick ups or larger trucks**

Proficiency:

Describe your experience:

**Ariel 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:

1. Do you possess a valid MN Commercial Driver’s License?   
    *(choose one*) **YES NO**

If yes, what type of CDL: *(choose one)*  **Class A Class B**

Do you possess any license endorsements? *(choose one*) **YES NO**

If yes, please list specific endorsements:

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 you performed this work, and the company you worked for:

Company Experience & Equipment Used Dates/Duration

1. (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.

Organization Describe Customer Service Duties Duration

1. *Other qualifications:*

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

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I hereby certify that all answers contained in this application are true and I agree and understand 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 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 I have read and understood the above statements. **Failure to sign application forms may result in rejection of your application.**

Applicant’s signature: \_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_