**APPLICATION FOR EMPLOYMENT**

**Full Name**:

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

Former Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip \_\_\_\_\_\_\_\_\_\_\_

**Contact Information**:

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone/Alternate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Information**:

Drivers License Number/State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you, at time of employment, submit proof of your legal right to work in the United States? Yes/No

Are you willing to relocate? Yes/No

Please list certificates and licenses pertinent to the position:

Please list office and computer skills pertinent to the position:

**Education:**

Please indicate your completed level(s) of education

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **School Name** | **City/State** | **Area of Study** |
| High School  Graduate |  |  | N/A |
| AA Degree |  |  |  |
| 4 Year College Degree |  |  |  |
| Trade/Business School |  |  |  |
| Other Special Training/Study |  |  |  |

**Employment History:**

Please provide information of your most recent employers (minimum three) in order to verify employment:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer Name and Contact;**  **City & State;**  **Telephone Number;**  **Email** | **Date of Employment From/To**  **(Mo/Yr.)** | **Position Title** | **Ending Monthly Salary** | **Reason for Leaving** |
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If presently employed, may we contact your current employer? Yes/No

If yes, name of contact and daytime telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide three references that are available to speak to us about your qualifications:

Name Title Company/Agency Telephone/Email

Date you can start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there additional information you would like to tell us about yourself, such as military experience, special interests, volunteer activities?

**VETERANS PREFERENCE:**

Honorable or General 'Character of Service' showing on a DD214 or DD215 attached to your application - 5 Points

Honorable or General 'Character of Service' showing on a DD214 or DD215 and a 'Certificate of Civil Service' preference letter attached to your application - 10 Points

**SUPPLEMENTAL QUESTIONS**

|  |  |
| --- | --- |
| 1. | What is your highest level of experience as a Supervisor, Team Leader or Lead Worker? |
|  | Yes - Less than 6 monthsLess than 6 months Yes - 6-11 months6-12 months Yes - 1 year1 - 2 years Yes - 2 years2 - 4 years Yes - 3 years4 - 6 years Yes - 4 years6 or more years |
|  |  |
| 2. | What is your highest level of experience working in facility maintenance and/or construction trades, roadway/highway, sign, and/or landscaping experience? |
|  | Yes - Less than 6 monthsLess than 6 months Yes - 6-11 months6-12 months Yes - 1 year1 - 2 years Yes - 2 years2 - 4 years Yes - 3 years4 - 6 years Yes - 4 years6 or more years |
| 3. | What is your highest level of public contact experience which included gathering, relaying and providing information to others, evaluating activities or incidents and determining an appropriate course of action? |
|  | Yes - Less than 6 monthsLess than 6 months Yes - 6-11 months6-12 months Yes - 1 year1 - 2 years Yes - 2 years2 - 4 years Yes - 3 years4 - 6 years Yes - 4 years6 or more years |
| 4. | Select the statement which best describes the level of maintenance and/or repairs you have performed on tools and/or equipment in your professional career. |
|  | Light - Oil changes, lubrication, belt replacement/adjustmentsLight - Oil changes, lubrication, belt replacement/adjustments Skilled - Engine/Machinery components rebuilds/replacementSkilled - Engine/Machinery components rebuilds/replacement Highly Skilled - Engine/transmission rebuilds, parts fabricationHighly Skilled - Engine/transmission rebuilds, parts fabrication None of the aboveNone of the above |
|  |  |
| 5. | Select maintenance skills you have used in your professional career. (Check all that apply.) |
|  | Applying, maintaining and/or replacing roadway/highway striping and or legendsApplying, maintaining and/or replacing barriers, fences, surface repair  Applying, maintaining and/or replacing roadway/highway striping and or legendsRepairing culverts, inlets and erosion; cleaning catch basins and related draining systems, digging and cleaning ditches etc.  Applying, maintaining and/or replacing roadway/highway striping and or legendsFacility and/or facility infrastructure repair and maintenance  Applying, maintaining and/or replacing roadway/highway striping and or legendsClearing roadways, operating graders to maintain access Minor building maintenance including sweeping floors, cleaning toilets, painting, etc.Minor building maintenance including sweeping floors, cleaning toilets, painting, etc. Traffic control/tasks such as signing, coning and flagging for safety; performing emergency work ...Traffic control/tasks such as signing, coning and flagging for safety; performing emergency work such as vehicle accident assistance and removing road hazards Clearing brush, mowing grass, spraying pesticides and herbicides or disposing of roadside debrisClearing brush, mowing grass, spraying pesticides and herbicides or disposing of roadside debris Maintaining, installing, and replacing signs and sign posts or supportsMaintaining, installing, and replacing signs and sign posts or supports None of the aboveNone of the above |
|  |  |
| 6. | Select the following public contact experience you have had in your professional career. (Check all that apply.) |
|  | Answering routine inquiries for information about programs or services provided by your employer.Answering routine inquiries for information about programs or services provided by your employer. Contact with angry, upset, distressed or hostile clients or customers.Contact with angry, upset, distressed or hostile clients or customers. Explaining rules, regulations, policies and procedures.Explaining rules, regulations, policies and procedures. Obtaining information from a client or customer to determine the nature of a problem or complaint...Obtaining information from a client or customer to determine the nature of a problem or complaint, to determine what services are needed, or to gather information. Resolving complaints expressed by clients or customers.Resolving complaints expressed by clients or customers. None of the aboveNone of the above |
| 7. | Select one or more of the answers below which best describes the type of safety programs you were actively involved during your professional career. (Check all that apply.) |
|  | Answering routine inquiries for information about programs or services provided by your employer.Attended safety classes (First Aid, CPR, MSDS, Flagging, etc.). Contact with angry, upset, distressed or hostile clients or customers.Participated as a member of a safety team or served as a Safety Inspector. Explaining rules, regulations, policies and procedures.Provided safety training and/or classes as an instructor. Obtaining information from a client or customer to determine the nature of a problem or complaint...None of the |
|  |  |
| 8. | Can you give me an example of a successful team situation in which you have been involved? What made it successful? What was your role? |
|  |  |
| 9. | Tell me about a job you've held that required you to do many different and varied duties. How did you feel about that experience? |
|  |  |
| 10. | Share a situation that demonstrates your ability to make decisions under pressure. Did you react immediately or take time in deciding what to do?  **OPTIONAL:**   |  | | --- | | The information requested below may be used for applicant tracking, statistical purposes to comply with federal reporting requirements, and to gain other relevant information. It will not be used for consideration of employment.  Thank you for your participation. | |  |  |  |  | | --- | --- | | \*1. | **ETHNICITY:** *(Please check one)* | |  | |  |  | | --- | --- | |  | American-Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. | |  | Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent. This area includes, for example, China, Japan and Korea. | |  | Black or African-American: All persons having origins in any of the black ethnic groups. | |  | Hispanic or Latino: All persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish cultures, regardless of race. | |  | Native-Hawaiian or Other Pacific Islander: All persons having origins in any of the original peoples of the Pacific Islands. This area includes, for example, Hawaii, the Philippine Islands and Samoa. | |  | White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East. | |  | Two or More Races: All persons claiming origins in more than one of the above racial/ethnic categories. | |  | Decline to answer | | | \*2. | **GENDER:** | |  | |  |  | | --- | --- | |  | Male | |  | Female | |  | Decline to answer | |  |  | |  |  | | |  |  | |  |  | |  |  | |