

CITY OF TWO HARBORS

CEMETERY CARETAKER

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 D Driver's License or equivalent?
(choose one)

YES **NO**

2. Do you possess a valid Minnesota Class B Driver's License or equivalent?
(choose one)

YES **NO**

3. Do you have experience related to the construction, repair, and maintenance of cemetery related systems, including the operation of related maintenance equipment? (choose one)

YES **NO**

4. Do you have experience related to records retention, data entry, computer and/or general office experience? (choose one)

YES **NO**

5. Do you possess any landscaping or grounds maintenance certificates?
(choose one)

YES **NO**

If yes, please list each certificate below.

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: _____