

CITY OF TWO HARBORS

MECHANIC

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 driver's license and CDL Class A Driver's License or equivalent? *(choose one)*

YES **NO**

If no, do you have the ability to obtain these licenses by the date of the appointment and thereafter? *(choose one)*

YES **NO**

2. Do you possess a high school diploma or GED? *(choose one)*

YES **NO**

3. Do you have any specialized training in mechanics, maintenance management, or a closely related field? *(choose one)*

YES **NO**

4. Do you have three years of related experience? *(choose one)*

YES **NO**

If no, do you have any equivalent combination of education and experience? *(choose one)*

YES **NO**

5. Do you possess a DOT Certification for inspections? *(choose one)*

YES NO

6. Do you possess diesel engine experience or certificates? *(choose one)*

YES NO

7. Do you have fabrication and/or welding experience? *(choose one)*

YES NO

8. Do you have experience with heavy equipment operation? *(choose one)*

YES NO

9. List below any additional mechanic certifications you have or relevant training you have received.

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: _____