
Please print your name

MAINTENANCE WORKER I (Parks Assignment)

Supplemental Questionnaire

As stated in the job announcement for this position, a properly completed Supplemental Questionnaire must be submitted with an application. *Failure to submit the Supplemental Questionnaire will result in disqualification.* Applications and Supplemental Questionnaires must be in the possession of the Human Resources Department by 5:00 p.m. on the last day for filing.

The purpose for this questionnaire is for you to identify your qualifications and experience in the essential functions of job-related areas to verify further knowledge, skill or ability. It is critical that you fill out the supplemental questionnaire completely. Your answers should be concise, complete and clear. **To answer questions 1 – 8, please type your answers on an additional page, numbering each question accordingly.**

1. Describe your experience repairing, installing and maintaining irrigation systems. In your response, please include your role and the length of time you worked in this capacity.
2. Describe your experience using Integrated Pest Management (IPM).
3. Describe your experience pruning trees.
4. Describe your experience planting, maintaining, and grooming varied landscaped areas.
5. Describe your experience maintaining and servicing garden equipment.
6. Describe your experience operating power gardening equipment, including power mowers, chainsaws, etc.
7. Describe your experience operating heavy equipment.
8. If applicable, please describe any additional training relating to this position.
9. Do you possess the ability to lift, carry, push and pull materials and objects weighing up to 100 pounds, or heavier weights with the use of proper equipment? Yes No

Are you willing and able to:

10. Work out of doors in all weather conditions? Yes No
11. Be available for regular standby assignments on nights, weekends and holidays? Yes No

Desirable Certifications Related to the Position:

Do you have a valid Qualified Applicator Certificate (QAC) or License (QAL)? Yes No

Are you a Certificated Irrigation Technician? Yes No

Are you a Certified Arborist? Yes No

Do you have a Class B Driver's License? Yes No

CERTIFICATION OF APPLICANT: I hereby certify that I am the author of this questionnaire and that all information presented is true and based on my background, skills and experiences. I agree and understand that misstatements or omissions of material facts, or alterations to questions on this Supplemental Questionnaire herein may forfeit my rights to any employment in the service of the City of Piedmont.

Signature: _____

Date: _____