

SOUTHERN CLINTON COUNTY MUNICIPAL UTILITIES AUTHORITY

SUPPLEMENTAL EMPLOYMENT QUESTIONNAIRE

Your employment with SCCMUA may include, but is not necessarily limited to the following duties and conditions. Please indicate your past job related experience and willingness to perform the duties by placing and "x" in the appropriate square.

DUTY	PREVIOUS EXPERIENCE WITH THIS TYPE OF WORK				I WOULD BE WILLING TO PERFORM THIS	
	MUCH	SOME	LITTLE	NONE	YES	NO
Working in Wastewater Plant						
Sewer System Maintenance						
Sewer Cleaning Equipment Operation						
Pump Maintenance						
Vehicle Maintenance						
Working in Confined Spaces						
Working in Laboratory						
Grounds Maintenance						
Janitorial Work						
Working around Electricity						
Equipment Cleaning & Lube						
Washing & Cleaning Vehicles						
General Labor						
Painting						
Lifting						
Shoveling						
Reading Blueprints, Schematics, diagrams						

Your employment with SCCMUA will subject you to irregular work schedules. Please indicate your past job related experience in this regard and your willingness to accept future irregular schedules. Place an "X" in the appropriate square.

Condition	PREVIOUS ASSOCIATION				I WOULD BE WILLING TO PERFORM THIS	
	MUCH	SOME	LITTLE	NONE	YES	NO
Varying work schedule						
Call-in on short notice						
Call-in during night						
Work on Sat. or Sun. occasionally						
Work Holidays occasionally						
Call-out during storms						
Performing on-call duties						

Your employment with SCCMUA will require you to operate various types of vehicles and equipment. Please indicate your past job related experience and willingness to perform by placing an "X" in the appropriate square.

VEHICLE	PREVIOUS EXPERIENCE				I WOULD BE WILLING TO PERFORM THIS	
	MUCH	SOME	LITTLE	NONE	YES	NO
50,000 GVW Truck						
Truck Mounted Snow Plow						
Snow Blower						
Hand Lawn Mowers						
Power Weed Trimmers						
Pick Up Trucks w/trailer						
Powered Cranes						
Fork Lift						

DRIVING RECORD:

Do you possess a valid operator's license? Yes _____ No _____

If yes, please indicate type: Operators _____

Chauffeurs _____

CDL _____ CDL Endorsements _____

Are there presently any restrictions on your driving privileges by the Secretary of State?

Yes _____ No _____

If yes, please explain:

Do we have permission to check your record with the Secretary of State? Yes _____ No _____

SPECIAL QUALIFICATIONS:

Please list all current licenses, certificates, or degrees in your possession that are not explained in your application. Use additional sheets if necessary.

Signature _____

Date _____