

City of Tampa Employment Services Division
APPLICATION SUPPLEMENT FOR AUTOMOTIVE EQUIPMENT OPERATOR II

Please read and follow the instructions below for completing this form. Failure to complete and return this form will delay your consideration for employment.

PART I - Enter in the spaces below, information about your jobs **related to automotive equipment operation**. Note: A complete work history must be presented on the employment application.

JOB #1:

Name of Employer: _____ Dates Employed: _____ to _____
 Address: _____ Your Job Title: _____
 Your Supervisor's Name: _____ # of Employees YOU Supervised _____

JOB #2:

Name of Employer: _____ Dates Employed: _____ to _____
 Address: _____ Your Job Title: _____
 Your Supervisor's Name: _____ # of Employees YOU Supervised _____

JOB #3:

Name of Employer: _____ Dates Employed: _____ to _____
 Address: _____ Your Job Title: _____
 Your Supervisor's Name: _____ # of Employees YOU Supervised _____

JOB #4:

Name of Employer: _____ Dates Employed: _____ to _____
 Address: _____ Your Job Title: _____
 Your Supervisor's Name: _____ # of Employees YOU Supervised _____

JOB #5:

Name of Employer: _____ Dates Employed: _____ to _____
 Address: _____ Your Job Title: _____
 Your Supervisor's Name: _____ # of Employees YOU Supervised _____

PART II - On the next page, you will find a list of various pieces of automotive equipment. Please mark the **JOB NUMBER** (from the positions you listed above) in the column box to indicate on which job you operated the piece of equipment.

EXAMPLE:

EQUIPMENT	I have had TRAINING on this equipment but not much experience.	I have operated this equipment on a PART-TIME basis as part of regular duties. Indicate the # of hours per week.	I have operated this equipment on a FULL-TIME basis (with limited supervision).	I have supervised and trained others on this equipment.
ASPHALT DISTRIBUTOR		Job # 2 10 hrs. per week		
PATCHER TRUCK			Jobs #2, #3	
LIGHT CRANE TRUCK	Job #4			
FUEL TRUCK	Job #5			

EQUIPMENT	I have had TRAINING on this equipment but not much experience.	I have operated this equipment on a PART-TIME basis as part of regular duties. Indicate the # of hours per week.	I have operated this equipment on a FULL-TIME basis (with limited supervision).	I have supervised and trained others on this equipment.
ASPHALT DISTRIBUTOR				
PATCHER TRUCK				
LIGHT CRANE TRUCK				
FUEL TRUCK				
3-1/2 Ton Dump Truck with Rear Mounted Attachments (i.e. Bush Hog, Disc)				
MAINTAINER				
LIGHT WRECKER (10 TON)				
PAYLOADER				
5 TH Wheel Tractor & Trailer				
PAVER				
SLOPE MOWER				
MECHANICAL SWEEPERS				
BACKHOE				

Please sign this Supplemental Form after carefully reading the statements below.

I understand that the information I have given on this Supplemental Form is subject to verification and that giving false information may result in being disqualified. I hereby certify that the information I have given is true and correct to the best of my knowledge.

Your Signature

Date

Print Your Name