

City of Tampa Employment Services Division  
**APPLICATION SUPPLEMENT FOR SPECIALTY EQUIPMENT OPERATOR**

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 specialty 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 specialty 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 <b>TRAINING</b> on this equipment but not much experience.	I have operated this equipment on a <b>PART-TIME</b> basis as part of regular duties. Indicate the # of hours per week.	I have operated this equipment on a <b>FULL-TIME</b> basis (with limited supervision).	I have supervised and trained others on this equipment.
BACKHOE/ LOADER TRACTOR 35 HP or Greater		<b>Job # 2</b> 10 hrs/weekly		
EXTEND A HOE BACKHOE			<b>Jobs #2, #3</b>	
FORKLIFT	<b>Job #4</b>			
PAYLOADER	<b>Job #5</b>			

Specialty Equipment Operator  
Application Supplement – PAGE 2

EQUIPMENT	I have had <b>TRAINING</b> on this equipment but not much experience.	I have operated this equipment on a <b>PART-TIME basis</b> as part of regular duties. Indicate the # of hours per week.	I have operated this equipment on a <b>FULL-TIME basis</b> (with limited supervision).	I have supervised and trained others on this equipment.
BACKHOE/ LOADER TRACTOR 35 HP or Greater				
EXTEND A HOE BACKHOE				
FORKLIFT				
PAYLOADER				
SLOPE/HYDRA MOWERS				
TRACTOR WITH ATTACHMENTS Curb Sweeper, Auger, Mowing Unit, Etc.				
TRASHCRANE				
TRASHLOADER CLAW				
VACUUM/ MECHANICAL SWEEPER				

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