

**Town of Manchester, Connecticut
Equipment Evaluation Form
Maintainer I**

Name: _____

Address: _____

Home Telephone #: _____ Work Telephone #: _____

Cell Phone #: _____

Instructions: Please complete this questionnaire as thoroughly as possible to help us better understand your experience using a variety of equipment.

Equipment Description	Dates Used
Trucks/Trailers – Above 18,000 GVW	From _____ To _____
Six Wheel Trucks - Above 18,000 GVW	From _____ To _____
Ten Wheel Trucks - Above 35,000 GVW	From _____ To _____
Trucks/Trailers - Below 18,000 GVW	From _____ To _____
CDL Snow Plow – on a 6 or 10 wheel truck	From _____ To _____
Zero turn mower	From _____ To _____
Jackhammer/Compressor	From _____ To _____
Leaf Vacuum	From _____ To _____
Backhoe	From _____ To _____
Payloader	From _____ To _____
Chain Saw	From _____ To _____
Chipper	From _____ To _____
Mitre Saw	From _____ To _____
Skid Steer Loader (Bobcat)	From _____ To _____
Wing Mower	From _____ To _____

OVER

Do you have any of the following licenses? Please indicate 'Yes' or 'No':

Pesticide	Yes _____	No _____
Herbicide	Yes _____	No _____
Building Contractor's License	Yes _____	No _____
Arborist License	Yes _____	No _____
Electrical	Yes _____	No _____
Plumbing	Yes _____	No _____
HVAC	Yes _____	No _____
OSHA Certified	Yes _____	No _____
Commercial Driver's License	Yes _____	No _____
CDL endorsements: Please list	_____	_____
	_____	_____

ALL CANDIDATES:

Please list any training or courses you have taken that relate to the position you are applying for:

Please show years of experience driving CDL vehicles by listing dates and type of vehicle driven:

I certify that the above information is truthful and accurate.

Signature

Date