

**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	Do you have any experience?
Trucks/Trailers – Below CDL A	Yes _____ No _____
CDL B - Six Wheel Trucks -	Yes _____ No _____
CDL B - 10 Wheel Trucks -	Yes _____ No _____
CDL A with Trailers	Yes _____ No _____
Snow Plowing –	Yes _____ No _____
Zero turn mower	Yes _____ No _____
Jackhammer	Yes _____ No _____
Leaf Vacuum	Yes _____ No _____
Backhoe	Yes _____ No _____
Payloader	Yes _____ No _____
Chain Saw	Yes _____ No _____
Chipper	Yes _____ No _____
Road Saw	Yes _____ No _____
Skid Steer Loader (Bobcat)	Yes _____ No _____
Wing Mower	Yes _____ No _____

OVER

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

Pesticide License	Yes _____	No _____
Herbicide License	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