

SUPPLEMENTAL QUALIFICATIONS STATEMENT
EQUIPMENT OPERATOR

Name of Applicant:

1. Do you currently possess a Commercial Drivers License (CDL)? Yes___ No___

2. Check the type(s) of directions you have worked from on previous jobs:

Oral Instructions: Yes___ No___

Written Instructions: Yes___ No___

Oral or written instructions on rapidly changing job: Yes___ No___

3. Circle any of the following tools and equipment you have used and give examples of use.

PowerTools

Examples of Use

Chain Saw

Welding Equipment

Brush Saws

Hydroax-type Equipment

Bucket Trucks

Front-end Loader (1 2 yard and under)

Mower

Bulldozer

Drill

Posthole Digger

Chemical Spray Rig
(truck or trailer-mounted)

Farm-type Tractor with attachments

Brush cutting and side clearing equipment
(Jarraff type equipment.)

4. Describe any type of power or hand tools you have used in the maintenance of Right-of way

equipment and Rights-of-way.

Tools

Examples of Use

4a. Have you ever built or rebuilt a farm fence? Describe when and where you built the fence.

4b. Have you ever installed metal gates? Describe the type of gates installed, when and where.

4c. Have you ever built or rebuilt Right-of-way roads? Describe the type of roads you built, where and type of equipment you used.

5. **Ability to Operate Equipment.** Check the types of equipment you have operated:

a. **Farm-type Tractor** ___ **With attached/towed equipment** ___

Explain type of work performed:

How much experience do you have using this equipment?

Less than 3 months _____

Three (3) months to one year _____

Number of years? _____

b. **Forklifts, skid steer, and articulating-type equipment with attachments** ___

Explain type of work performed:

How much experience do you have using this equipment?

Less than 3 months _____

Three (3) months to one year _____

Number of years? _____

c. **Vehicles**, such as pickup trucks, ton service trucks, 4X4's, and tractor-trailer combinations ___

Explain type of work performed:

How much experience do you have using this equipment?

Less than 3 months _____

Three (3) months to one year _____

Number of years: _____

d. Hydroax

Explain type of work performed.

How much experience do you have using this equipment?

Less than 3 months _____

Three months to one year _____

Number of years? _____

e. Jarraff type equipment.**Explain type of work performed.**

How much experience do you have using this type equipment?

Less than 3 months _____

Three months to one year _____

Number of years? _____

f. Bucket truck**Explain type of work performed.**

How much experience do you have using this type equipment?

Less than 3 months _____

Three months to one year _____

Number of years _____

g. Chemical spray equipment.**Explain type of work performed.**

How much experience do you have using this type equipment?

Less than 3 months _____

Three months to one year _____

Number of years _____

6. Have you ever performed tool or equipment maintenance which may have involved keeping

items clean: replacing hoses and belts; routine periodic maintenance, such as minor tune-ups, replacing brake linings, etc.; making simple adjustments in calibration; and adjusting equipment to operating tolerances? Describe and explain in detail. (If more space is needed, use a separate sheet of paper)

7. Give examples of type of equipment maintenance work performed. (If more space is needed, use a separate sheet of paper.)

8. Ability to Attach Equipment. Explain types of equipment you have attached and your responsibility concerning its use and adjustment.

9. **Materials Used:** For each type of material listed below, write the number of the statement that reflects your ability, and give examples of work you performed that show how you used that ability.

1 = Have used the material when working under close supervisory guidance

2 = Have used the material and planned operations on the basis of my own judgment and experience with occasional supervisory guidance.

3 = I am an expert concerning the material and have been consulted by co-workers for advice on its use or appropriate substitute.

<u>Material</u>	<u>Number.</u>	<u>Examples of Work Performed</u>
Fence	___	
Concrete	___	
Steel and wood post	___	
Gravel	___	
Herbicide Application	___	
Welding Materials	___	
Culvert Repair and Installation	___	

10. Circle the weights you have had to lift and carry:

10 lbs 20 lbs 40 lbs 50 lbs 100 lbs

11. List some of the heavy things you have lifted, and tell about your activities or experience that required physical strength and endurance:

12. Ability to Operate Safely. Provide written responses to your answers.

a. Describe the kinds of hazardous situations or potential dangers you have had to work with, such as in close proximity to high-voltage electrical lines, or in rough terrain, etc. Tell about your experience and training that shows you can work safely.

b. Describe dangers involved in any work you have done.

c. Some safety training is listed below. Check those you have completed, indicating the length of such training and dates completed. List and date any other types of safety training.

Fire Extinguisher	—
CPR	—
First Aid	—
Switchmen Certification	—
Herbicide Application	—
Defensive Driving	—
Powered Industrial Trucks/forklifts	—
Hearing Protection	—
Other:	

d. What safety training have you provided to other workers?

e. Describe your safety record (including safety awards).

f. Describe any accidents you have had on the job in the last 5 years and give dates.

g. If you were involved in a lost-time accident in the last five years, please describe the accident, stating whether you were at fault and also explain the severity of the accident. Provide information concerning any traffic violations or traffic accidents, which you have had in the last 5 years.

13. If you have been employed as an Equipment Operator or in a closely related field, check the statement below that best characterizes your level of performance and supervision received.

Able to independently decide which simple tasks should be done to carry out those tasks with supervisory guidance.

Able to perform the common tasks associated with journeyman duties on own initiative subject to occasional supervision.

Able to perform the most difficult tasks associated with journeyman duties on own initiative and with very little supervision.

After you have completed this form and reviewed it for completeness, sign and date where indicated below.

Statements concerning qualifications will be verified; exaggeration or misstatements may be cause for your disqualification or later removal from service.

CERTIFICATION

I CERTIFY that all of the statements made are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Signature: _____ Date: _____