

CREW POSITIONS ONLY

SUPPLEMENT TO DIRECT HIRE APPLICATION

BULLETIN NUMBER: _____

NAME: _____

SOCIAL SECURITY NUMBER: _____

POSITION NUMBER: _____

POSITION APPLYING FOR: _____

1. Are you age 18 or over: Yes _____ No _____
2. Maine Driver's License class and number: _____
3. Does your license have any restrictions? Yes _____ No _____ (If yes, describe)

4. List the type of equipment you have operated and years of experience.

EQUIPMENT	FOR HOW LONG?

- | | Yes | No |
|---|-------|-------|
| 5. I will work any hours or any time, and any day of the week including holidays as required of me. | _____ | _____ |
| I can provide transportation to and from the place of work. | _____ | _____ |
| I will accept temporary assignment statewide to maintain DOT efficiency. | _____ | _____ |
| I will install a telephone at home, if required to do so. | _____ | _____ |
| I understand that I may have a different Summer and Winter headquarters. | _____ | _____ |
| I will take a State-paid medical examination and DOT operator's certification examination. | _____ | _____ |
| I will wear a hard hat, safety shoes, vest and other safety items as required. | _____ | _____ |
| I hereby certify that this supplement is true and complete to the best of my knowledge. I understand that for any mis-statements, I may be ineligible for employment; dismissed if already hired. | | |

SIGNATURE: _____

DATE: _____