

CITY OF RENTON
PLANNING/BUILDING/PUBLIC WORKS DEPARTMENT

MAINTENANCE SERVICES WORKER II/III – Wastewater/Storm Water

SKILL INVENTORY SHEET

The City of Renton will use the information provided in this Skill Sheet to screen the applicant's information. Therefore, all applicants must fill out this form completely in order to be considered for this position. Failure to answer all questions asked may result in your application being rejected.

MINIMUM REQUIREMENTS TO PERFORM ESSENTIAL FUNCTION OF THE POSITION

	QUESTION	RESPONSE
1.	Do you have a valid Washington State Driver License?	<input type="checkbox"/> YES NO <input type="checkbox"/>
		If "yes", when does it expire? <input style="width: 100%;" type="text"/>
2.	Do you have a valid CDL Endorsement? If yes, when will it expire? Expires: _____ If you have Class B , do you have the ability to get a Class A , in a year?	<input type="checkbox"/> YES NO <input type="checkbox"/>
		<input type="checkbox"/> YES NO <input type="checkbox"/>
3.	Have you had any driving tickets or accidents in the last 3 years?	<input type="checkbox"/> YES NO <input type="checkbox"/>
		If "yes" please explain. <input style="width: 100%; height: 100%;" type="text"/>
4.	Do you have a high school degree or GED?	<input type="checkbox"/> YES NO <input type="checkbox"/>

5.	Do you have one or two years of paid experience working in storm/ wastewater maintenance?	<input type="checkbox"/> YES NO <input type="checkbox"/>
	If "yes", list the organization(s), where you gained this experience, and list employment dates:	

6.	Are you able to work emergency after hours and weekend standby status shifts?	<input type="checkbox"/> YES NO <input type="checkbox"/>
	Are you able to work a variety of hours to cover work shifts including mornings, evenings, weekends, and holidays?	<input type="checkbox"/> YES NO <input type="checkbox"/>
	If "no" please list what hours, shifts or days you would not be able to work.	

7.	Do you have a current certificate, license, or card for any of the following? If yes, indicate when you received the licenses/certificates, and when they expire.
	<p style="margin: 0;">Forklift card <input type="checkbox"/> YES NO <input type="checkbox"/> Date Received: _____ Expires: _____</p> <p style="margin: 0;">First Aid card <input type="checkbox"/> YES NO <input type="checkbox"/> Date Received: _____ Expires: _____</p> <p style="margin: 0;">CPR certificate <input type="checkbox"/> YES NO <input type="checkbox"/> Date Received: _____ Expires: _____</p>

8.	Do you have paid experience in performing inspections, monitoring and maintaining the storm water and sanitary sewer drainage systems, including sewer and storm water lines, manholes, reservoirs and inspecting manholes to monitor flow; washing and cleaning storm drains, holding ponds, manholes, sewer and storm water lines to prevent flow stoppage and septic conditions?	<input type="checkbox"/> YES NO <input type="checkbox"/>
		If "yes" which organization(s)?
		Dates of employment
9.	Do you have paid experience assisting in the installations, cleaning, maintenance and repairing of sewer and storm water lines, manholes catch basins chambers and vaults assisting in the removal of old pipe and installing new pipe lines, mains, manholes catch basins chambers and vaults.	<input type="checkbox"/> YES <input type="checkbox"/> NO
		If yes, which organization(s)?
		Dates of employment
10.	Do you have paid experience in assisting with flushing and removing debris and roots from sewer and storm water lines?	<input type="checkbox"/> YES NO <input type="checkbox"/>
		If yes, which organization(s)?
		Dates of employment
11.	Do you have paid experience in repairing and servicing lateral and main pipelines including, locating, excavating, backfilling and resurfacing as required? ?	<input type="checkbox"/> YES NO <input type="checkbox"/>
		If yes, which organization(s)?
		Dates of employment

12.	The work is performed in the field and may include walking, standing, bending, climbing and other physical activities for extended periods of time. Are you able to perform these functions with or without accommodations?	<input type="checkbox"/> YES NO <input type="checkbox"/>
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13.	At what level are you proficient in the use of a computer?	Rate your computer proficiency level: High Med Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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14.	Are you available to work a full-time schedule and work overtime as necessary to complete your work duties?	Available to work full-time? <input type="checkbox"/> YES NO <input type="checkbox"/> Available to work overtime? <input type="checkbox"/> YES NO <input type="checkbox"/>
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Printed Name: _____ Signature: _____	<input type="text"/> Date: _____
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