

# Heavy Equipment Operator Course Application

**Return to:**  
Idaho Transportation Department  
Attn: Russ Rivera and Connie Haggerty  
Email: Russ.Rivera@ITD.Idaho.gov  
Email: Connie.Haggerty@ITD.Idaho.gov



Today's Date \_\_\_\_\_

**To comply with Federal Regulations on the operation of Commercial and Heavy Equipment, applicants must be:**

- High School graduates or equivalent
- 21 years of age or older by June 1, 2017
- Able to pass a drug and alcohol screening
- Legally authorized to work in the United States of America

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Resident Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

<b>References:</b> provide contact information for two personal or professional references.			
Name:		Relationship:	
Address:		City:	State Zip:
Home Phone:	Cell Phone:	Email:	
Name:		Relationship:	
Address:		City:	State Zip:
Home Phone:	Cell Phone:	Email:	



Are you currently employed?  YES  NO

### Work History

Start with your current or most recent employer

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Title \_\_\_\_\_ Start date \_\_\_\_\_ End date \_\_\_\_\_ Pay rate \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\*If still employed, is position temporary or permanent? \_\_\_\_\_ Hours per week \_\_\_\_\_

Describe your job duties and responsibilities \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Title \_\_\_\_\_ Start date \_\_\_\_\_ End date \_\_\_\_\_ Pay rate \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\*If still employed, is position temporary or permanent? \_\_\_\_\_ Hours per week \_\_\_\_\_

Describe your job duties and responsibilities \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Title \_\_\_\_\_ Start date \_\_\_\_\_ End date \_\_\_\_\_ Pay rate \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\*If still employed, is position temporary or permanent? \_\_\_\_\_ Hours per week \_\_\_\_\_

Describe your job duties and responsibilities \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Title \_\_\_\_\_ Start date \_\_\_\_\_ End date \_\_\_\_\_ Pay rate \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\*If still employed, is position temporary or permanent? \_\_\_\_\_ Hours per week \_\_\_\_\_

Describe your job duties and responsibilities \_\_\_\_\_

**Certification of Truth**

**The information provided on this application is true and correct to the best of my knowledge. I authorize ITD staff to verify information that relates to eligibility. I understand I may be terminated from the program or subject to prosecution if I knowingly provide incorrect information**

**I acknowledge that all funding of program activities are contingent upon the availability of Federal funds and continued Federal authorization. I agree the ITD Service Provider has the right to terminate or otherwise modify services if Federal funding or authority is terminated or modified.**

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Applicant Signature

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Date

**Applications can be returned to:**

Return to:

Idaho Transportation Department

Attn: Russ Rivera and Connie Haggerty

Email: Russ.Rivera@ITD.Idaho.gov

Email: Connie Haggerty@ITD.Idaho.gov

*It is the policy of the Idaho Transportation Department to comply with the Title VI of the Civil Rights Act of 1964 and to adhere to all related Non-discrimination authorities. ITD will ensure that "no person in the United States shall, on the grounds of race, color, or national origin, "sex, age, disability, low income, and Limited English Proficiency (LEP), "be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity, ' for which ITD' receives Federal financial assistance."*

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## VOLUNTARY AFFIRMATIVE ACTION QUESTIONNAIRE

*Information from this survey is confidential and for statistical purposes only. Completion of this form is voluntary.*

### **Veteran Status:**

Are you a veteran?  YES  NO

Are you a Disabled Veteran?  YES  NO

Are you a Vietnam Era Veteran?  YES  NO

### **Gender / Sex**

Male  Female

### **Race/Ethnicity (Mark all that apply):**

White  Asian/Pacific Islander  African American  Hispanic/Latino  American Indian/Alaskan Native

Other \_\_\_\_\_

### **Americans with Disabilities Act of 1990**

Do you currently have a disability that is covered under the Americans with Disabilities Act?  YES  NO

Will you require any special accommodations if selected for the interview?

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