

**CITY OF RENTON**  
**POSITION: FACILITIES TECHNICIAN**  
**SKILL SHEET**

**Please note:** 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. (Do not write: "see resume")

**MINIMUM REQUIREMENTS TO PERFORM ESSENTIAL FUNCTION OF THE POSITION**

#	QUESTION	RESPONSE
1.	Do you have 3 years of increasingly responsible maintenance and construction experience in a variety of the building trades?	<input type="checkbox"/> YES <input type="checkbox"/> NO <hr/> If "yes", which organization(s)?  Dates of employment:
2.	Do you have experience maintaining records related to work performed and are able to communicate effectively both orally and in writing.	<input type="checkbox"/> YES <input type="checkbox"/> NO <hr/> If "yes", which organization(s)?  Dates of employment:
3.	Do you have the ability to work effectively, cooperatively and respectfully with the public, tenants, co-workers and other contacts?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	Do you have knowledge in standard tools, equipment, materials, methods and techniques used in a variety of construction and building maintenance trades.	<input type="checkbox"/> YES <input type="checkbox"/> NO <hr/> If "yes", which organization(s)?  Dates of employment:

#	QUESTION	RESPONSE
5.	Do you have a high school degree or GED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	Do you have a valid Washington State driver's license?	<input type="checkbox"/> YES <input type="checkbox"/> NO
		If "yes", when does it expire?
7.	Have you had any driving tickets or accidents in the last 3 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
		If "yes", please list including dates.
8.	Are you able to work a variety of hours to cover work shifts including mornings, evenings, weekends, holidays and emergency after hours?	<input type="checkbox"/> YES <input type="checkbox"/> NO
		If no, please list what hours, shifts or days you would not be able to work.
9.	The work is performed in the field and may include walking, standing, bending, climbing, and other physical activities for extended periods of time in all weather conditions, are you able to perform these functions with or without accommodations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10.	Are you able to attend work regularly and on time?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11.	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 <input type="checkbox"/> NO
		Available to work overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Printed Name: _____ Date: _____</p> <p>Signature: _____</p>		