

# DelDOT Snow & Ice Maintenance Program

Name:

Driver's License State/Number:

**\*If you have an out of state driver's license, you will need to supply a copy of your driving record\***

Last four of Social Security Number:

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Retired State Employee (DelDOT or other State agency)? Choose an item.

If yes, date retired:

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Are you a current State Merit Employee? Choose an item.

If yes, please answer the below:

Division/Section:

Current Position Title:

Current Work Schedule: (i.e. M-F, 8:00-4:30)

Supervisor Name/Title:

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**Choose Duty:** CDL Equipment Operator

List experience with snow & ice control:

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**Choose District:** Choose an item.

If you are willing to work in more than one district, please list in order.

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| 1. | 3. |
| 2. | 4. |