

Truck Technician

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

NAME			DATE
LAST	FIRST	MI	SS #
PRESENT ADDRESS			
STREET		CITY	ST ZIP
PERMANENT ADDRESS			
STREET		CITY	ST ZIP
PHONE NO.	ARE YOU 18 YEARS OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>		
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED			
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?

REFERRED BY

EDUCATION	NAME & LOCATION OF SCHOOL	# OF YRS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE,BUSINESS,OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC,ATHLETIC,ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE,CREED,SEX,AGE,MARITAL STATUS,COLOR,OR NATION OF ORIGIN OF ITS MEMBERS

US MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS (LIST BELOW LAST 3 EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YR.	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR.

	NAME	ADDRESS	BUSINESS	YEARS KNOWN
1)				
2)				
3)				

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS (FILL IN NAME OF STATE)

IT IS UNLAWFUL IN THE STATE OF _____ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

SIGNATURE OF APPLICANT

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

HIRED: YES NO POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED:

EMPLOY. MGR

DEPT. HEAD

GENERAL MGR

original

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MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work _____

Job Function	<i>(Check)</i>		Area	<i>(Check)</i>	
	Formal Training	Yrs of Experience		Formal Training	Yrs of Experience
Indicate training and experience in the following:					
Drive Line Components			Body Work		
Diesel Engine Tune-Up and Rebuild			Electrical Repair		
Gas Engine Tune-Up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning (Cab)			Inspections (St/Fed)		
Refrigeration			General Car Repair		

Shop Equipment	<i>(Check)</i>		Area	<i>(Check)</i>	
	Formal Training	Yrs of Experience		Formal Training	Yrs of Experience
Indicate training and experience in the following:					
Diagnostic Equipment (Type(s))			Tire Servicing		
			Wheel & Tire Balancing Machine		
Sheet Metal Equipment			Tire Recapping		
Frame & Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Emissions/Smoke Testing		
Air Conditioning (Cab)			Inspections (St/Fed)		
Refrigeration (Cargo)			General Car Repair		
ASE Certification(s), Specify					

DATE

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Mobile Maintenance

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DRIVER EXPERIENCE & QUALIFICATION

Licenses

Drivers licenses held in the past 3 years must be shown	State	License No.	Class	Endorsement's)	Expiration

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

C. Have you ever been disqualified for violations of Fed. Motor Carrier Safety Regulations? Yes _____ No _____

if you answered "yes" to A, B, C, attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van,Tank,Flat,etc)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers - LCV's				
Other				

List states operated in during last five years _____

List special courses or training that will help you as a driver _____

List driving awards held and who presented the awards _____

Accident Review for past 3 years (Attach separate sheet of paper if more space is needed)

Dates	Nature of accident (Head-On, Rear-End, Overturn, etc)	Fatalities	Injuries

DATE

SIGNATURE

original