

# Truck Technician

## APPLICATION FOR EMPLOYMENT

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

### MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work \_\_\_\_\_

Job Function	(Check)		Area	(Check)	
	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	(Check)		Area	(Check)	
	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 \_\_\_\_\_

SIGNATURE \_\_\_\_\_

\*original\*

# Truck Technician

## Mobile Maintenance

### APPLICATION FOR EMPLOYMENT

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

#### 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\*