

SHOEY'S DIESEL REPAIR

EMPLOYMENT APPLICATION

17509 Mound Avenue Rd Belmont, WI 53510

Signature of Applicant _____ Date _____

Name _____ Phone: (____) _____
 First Middle Last

Current Address _____
 Street City State Zipcode

If at the above address less than 3 years, list all residences for the past 3 years.

Address _____
 Street City State Zipcode Dates

Address _____
 Street City State Zipcode Dates

Position applying for: _____ Temporary _____ Part Time _____ Full Time _____

Who referred you? _____ Rate of pay expected? _____

Are you able to meet the attendance requirements of this position? _____ Date available for work _____

Have you worked for this company before? _____ Dates: From _____ To _____
 month/year month/year

Names of any relatives employed by this company _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____
 Name Address

GENERAL

Have you ever pled guilty or no contest to, or been convicted of a crime? _____ If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment -- all circumstances will be considered.

MAINTENANCE EXPERIENCE & QUALIFICATIONS

Job Function					
Indicate training and experience in the following:	Formal Training	Years of Experience	Indicate training and experience in the following:	Formal Training	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame & Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning			General Car Repair		
Inspections					

Shop Equipment					
Indicate training and experience in the following:	Formal Training	Years of Experience	Indicate training and experience in the following:	Formal Training	Years of Experience
Electrical Diagnostic Equipment			Wheel & Tire Balancing Machine		
Sheet Metal Equipment			Time Servicing Machine		
Frame & Axle Straightening Equip.			Engine Dynamometer		
Engine Rebuilding			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Smoke Measuring Equipment		
Air Conditioning			General Car Repair		
Inspections					
Job Related Training					
Certifications					
Technical School Courses					
Manufacturer's Seminars					
Apprenticeships					
ASE Certifications					
Any Additional Job Related Training (please list training and year of completion):					

EMPLOYMENT HISTORY

List the most recent employer first, including military experience, attach additional sheet if necessary.

Employer Name _____ Employed from _____ to _____

Address _____ Phone _____

Job Title _____ Reason for leaving _____

Employer Name _____ Employed from _____ to _____

Address _____ Phone _____

Job Title _____ Reason for leaving _____

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Address _____ Phone _____

Job Title _____ Reason for leaving _____

APPLICANT STATEMENT

Please read before signing

I certify that I have read and understood all of this employment application. All information provided by me in support of my application is true and correct to the best of my knowledge. I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees, and agents to release any and all information concerning my former employment to this company, its officers, employees, and agents, or any other person or entity making a written or oral request for such information on behalf of this company. I understand that the employment information may include, but is not necessarily limited to performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, opinions and public record information regarding my suitability for employment possessed by it. I understand and agree that the hiring employer, as part of its evaluation of my employment application, may ask a company that provides reference checking services to assemble this information as well as information on my character through interviews (by telephone or written correspondence) or other contact with my references and others who may know me or may know about items of information requested, and that a report of this information may be made to this company. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include and investigate Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

In addition, I recognize that a copy of this authorization and release is as valid as the original and should be considered as such. I understand more information about this inquiry will be provided upon written request.

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant

Date

Date of Birth _____ Social Security No. _____ Driver's License _____

Notes:

CDL HOLDERS – EXPERIENCE & QUALIFICATION

Licenses

All Drivers Licenses held in the past 3 years must be shown	State	License Number	Class	Endorsement(s)	Expiration Date	

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 the Federal Motor Carrier Safety Regulations? Yes _____ No _____

If you answered yes to any of the above attach a statement of explanation.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tanker, Flatbed, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor & Semi-trailer				
Twin Trailers –LVC’s				
Other				

List states operated in for last 5 years _____

List special courses or training related to driving _____

List driving awards & who presented awards _____

Accident Review – past 3 years (attach separate sheet if necessary)

Dates	Nature of Accident (Head-on, Rear-end, Overturn, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions & Forfeitures – past 3 years (other than parking violations)

Location	Date	Charge	Penalty

EMPLOYMENT HISTORY

The U.S. Department of Transportation requires that driver applications show all employment for the past 3 years. Effective July, 1987, they must also show commercial driver employment for the 7 years immediately preceding this year period. §391.21 (B)(10),(11)
List the most recent employer first, including military experience, attach additional sheet if necessary.

Employer Name _____ Employed from _____ to _____

Address _____ Phone _____

Job Title _____ Reason for leaving _____

CDL HOLDER EXPERIENCE & QUALIFICATION cont'd

Employer Name _____ Employed from _____ to _____

Address _____ Phone _____

Job Title _____ Reason for leaving _____

Employer Name _____ Employed from _____ to _____

Address _____ Phone _____

Job Title _____ Reason for leaving _____

CONSENT TO RELEASE DRUG AND ALCOHOL TEST RESULTS

I hereby authorize and agree to the release of the results, including refusals to test, of my DOT required tests during the time period _____ by _____ and its medical review officer for the specific purpose and to the person or persons specifically identified below:

Purpose: _____

Persons: _____

In authorizing the release of my test results, I consent and agree to waive any physician patient privilege that may otherwise exist with respect to the confidentiality of my drug and alcohol results. I further release the Company and its medical review officer, and any officer, employee or agent of the Company or medical review officer whose disclosure of the results is in accordance with this release from any and all claims or causes of actions which may result from the disclosure of such test results to the person or persons identified on this release form.

(Applicant Signature)

(Witness Signature)

Date: _____

(Applicant Name)

(Witness Title)