APPLICANT NAME: DATE:

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Description automatically generated

3460 Lyman Dr ● Gering NE 69341 ● 308-641-5345

APPLICATION FOR EMPLOYMENT AUTOMOTIVE TECHNICIAN

*We are an equal opportunity employer and do not discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services and program is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.*

APPLICATION INSTRUCTIONS

1. This applications must be completed in your own handwriting
2. Print legibly and complete all sections on both sides of the application
3. Sign and date the application once it is completed

PERSONAL DATA

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last Name | | First Name | | | Middle Name |
| Address | | | | | |
| City |  |  | State | Zip Code | |
| Home Phone | | | Cell Phone | | |
| Email Address | | | Social Security Number | | |
| Type of Employment: | |  | Salary/Wage Expectations: | | |
| □ Full Time | □ Temporary | □ Part Time |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| How did you find about this position? | | | | | When would you be able to start? | | |
|  | | | | | | | |
| Why do you feel you are qualified for this position? | | | | | | | |
|  | | | | | | | |
| Are you currently employed? | | |  | If so, where? | |  |  |
|  | | | | | | | |
| Do you use tobacco? | Yes □ | No □ |  |  |  |  |  |
|  | | | | | | | |
| What level of technician would you classify yourself as? (Circle A, B, C or D) | | | | | | | |
| A- Level Technician is an ASE Master Technician Highly Skilled in all levels of repair, diagnostics and maintenance  B- Level Technician is an ASE Certified Mechanic that will have strengths and weaknesses in all areas  C- Level Technician is proficient in oil changes, brakes and other basic repairs  D- Level Technician would be an apprentice just entering into the industry | | | | | | | |
|  | | | | | | | |
| How long have you been at your present address? | | | | | Do you have a valid Driver’s License?  If Yes, are you insurable? | | |
|  | | | | | | | |
| Have you ever been convicted of any crime(s), either misdemeanor or felony (other than minor traffic infractions)? Yes □ No □ *If yes, please provide thorough explanation:* | | | | | | | |
|  | | | | | | | |
| Activities and Interests (exclude any organization or society name of which indicates the race, religious creed, color, national origin or ancestry of its members). | | | | | | | |
|  | | | | | | | |
| List any other skills, qualifications or experience that may help in this position: | | | | | | | |
|  | | | | | | | |
| Please give me **5** words that describe you  1. 2. | | | 3. |  | | 4. | 5. |
|  | | | | | | | |
| What is on your “Wish List” over the next few years? | | | | | | | |

WORK EXPERIENCE

*List your last 4 employers, include any military experience.*

If presently employed may we contact your present employer? Yes □ No □

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| Current Position Name and Address | | | City, State Zip | | |
| Telephone | Name of Supervisor | Position Held | | Date Started | |
| Main Duties: | | | | | |
| Reason for Wanting to Leave: | | | | Current Rate of Pay | |
| If you could have changed anything at this job, what would you have changed? | | | | | |
|  | | | | | |
| 2nd Last Position Name and Address | | | City, State Zip | | |
| Telephone | Name of Supervisor | Position Held | | From(YY/MM) | To (YY/MM) |
|  |  |
| Main Duties: | | | | | |
| Reason for Leaving: | | | | Final Rate of Pay | |
| If you could have changed anything at this job, what would you have changed? | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3rd Last Position Name and Address | | | City, State Zip | | |
| Telephone | Name of Supervisor | Position Held | | From(YY/MM) | To (YY/MM) |
|  |  |
| Main Duties: | | | | | |
| Reason for Leaving: | | | | Final Rate of Pay | |
| If you could have changed anything at this job, what would you have changed? | | | | | |
|  | | | | | |
| 4th Last Position Name and Address | | | City, State Zip | | |
| Telephone | Name of Supervisor | Position Held | | From(YY/MM) | To (YY/MM) |
|  |  |
| Main Duties: | | | | | |
| Reason for Leaving: | | | | Final Rate of Pay | |
| If you could have changed anything at this job, what would you have changed? | | | | | |
|  | | | | | |
| Please explain any gaps in your employment history: | | | | | |
|  | | | | | |
| What do you believe these employers would say if I called them? | | | | | |
|  | | | | | |
| Which of your jobs did you like best? And why? | | | | | |

REFERENCES

*Only list people you have known for more than a year*

|  |  |  |  |
| --- | --- | --- | --- |
| Name of a Service Advisor/Employer | Length of Time Known | Phone | Email Address |
| Name of a Technician | Length of Time Known | Phone | Email Address |
| Name of a Technician | Length of Time Known | Phone | Email Address |
| Name of a Technician | Length of Time Known | Phone | Email Address |
| Name of a Friend | Length of Time Known | Phone | Email Address |
| Name of a Friend | Length of Time Known | Phone | Email Address |
| Name of a Friend | Length of Time Known | Phone | Email Address |

EDUCATION

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of School | | Location of School | Graduated? | | Completed Years / Mo. | | Degree Received | Major Subject |
| High School |  |  | Yes | No |  |  |  |  |
|  |
| Business or Trade School |  |  | Yes | No |  |  |  |  |
|  |
| College or University |  |  | Yes | No |  |  |  |  |
|  |
| Do you plan to continue your education? Yes □ No □ If Yes, When? | | | | | | | | |

|  |  |
| --- | --- |
| **ASE CERTIFICATIONS**  *Please select all that apply and include expiration dates* | |
| Expires Expires | |
| □ Engine Repair | □ Heating / Air Conditioning |
| □ Automatic Transmission/Transaxle | □ Engine Performance |
| □ Manual Drive Train/Axles | □ L1 Advanced Engine Performance |
| □ Suspension & Steering | List any other ASE Certificates here: |
| □ Brakes |  |
| □ Electrical / Electronics |  |

SKILL AND EXPERIENCE ASSESSMENT

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| --- |
| What is the approximate value of your tools and equipment? |
|  |
| What diagnostic equipment are you experienced in using? |
|  |
| Which repair or estimating programs are you proficient with? |
|  |
| What technical courses/training or seminars have you attended in the last year? |
|  |
| Below, rank the make of vehicle you feel you have the most experience in:  1. 2. 3. 4. 5. |
|  |
| Below, rank the make of vehicle you feel you have least or no experience in:  1. 2. 3. 4. 5. |
|  |
| On a scale of 1 to 10 how comfortable are you using a PC, Microsoft Windows and typing in general? |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Below, rate your experience on the following systems:  Master Tech | | | Journey Level | Apprentice Level | Little or None |
| Engine Performance/Tune | □ | | □ | □ | □ |
| Electrical & Computer Diagnosis | □ | | □ | □ | □ |
| Emission Testing and Diagnosis | □ | | □ | □ | □ |
| Heating & Air Conditioning | □ | | □ | □ | □ |
| Engine Repair | □ | | □ | □ | □ |
| Brake, Suspension and Steering | □ | | □ | □ | □ |
| Automatic Transmissions | □ | | □ | □ | □ |
| Manual Transmissions | □ | | □ | □ | □ |
| Routine Maintenance & Servicing | □ | | □ | □ | □ |
|  | | | | | |
| Do you have any physical problems that will restrict your abilities to service and repairs cars, such as lifting heavy objects like wheels, cylinder heads, etc. or bending over long periods of time while working under the hoods of cars, color blindness, eye issues, hearing issues? Yes □ No □ If Yes, please explain: | | | | | |
|  | | | | | |
| If you were to create a maintenance schedule for an average 10 year old car, what mileage/month intervals  would you recommend the services be for: | | | | | |
| Oil Changes | |  | Coolant | |  |
| ATF Service | |  | “Lifetime” Coolant | |  |
| Shocks/Struts | |  | Hoses | |  |
| Brake Fluid | |  | Belts | |  |
|  | | | | | |
| RELEASE AND AUTHORIZATION STATEMENT  The information given is true and correct, and I understand that if I am employed, any misrepresentation, false statement, or omission of consequence herein, found by you at the time, will be sufficient cause to terminate my employment. I authorize the verification of any or all information as listed above. As a condition of employment, if employment is offered, I must be authorized to work in the U.S. and demonstrate that authorization as required by the Immigration Reform and Control Act of 1986.  I also understand that neither the application nor a commitment of employment by Panhandle Diesel Service LLC constitutes a contract of employment. If a contract is to exist, that document will be executed in writing by Panhandle Diesel Service LLC. I understand that this application for employment is valid for no more than 60 days. After that, I must resubmit and application in order to be considered for positions with Panhandle Diesel Service LLC.  Applicant Signature Print Name Date | | | | | |