

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		L		
City			State Zip	Code
Home Phone			Cell Phone	
Email Address			Social Security Number	
Type of Employm	ent:		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)
<ul> <li>A- Level Technician is an ASE Master Technician H maintenance</li> <li>B- Level Technician is an ASE Certified Mechanic th C- Level Technician is proficient in oil changes, braccond D- Level Technician would be an apprentice just er</li> </ul>	ighly Skilled in all levels of repair, diagnostics and nat will have strengths and weaknesses in all areas likes and other basic repairs
How long have you been at your present address?	Do you have a valid Driver's License?
now long have you been at your present address:	If Yes, are you insurable?
Up to you over been convicted of any prime(a) either t	mindamaanay or falany (athey than minay
Have you ever been convicted of any crime(s), either traffic infractions)? Yes $\Box$ No $\Box$	If yes, please provide thorough explanation:
Activities and Interests (exclude any organization or society n or ancestry of its members).	ame of which indicates the race, religious creed, color, national origin
List any other skills, qualifications or experience that n	nay help in this position.
Please give me <b>5</b> 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 ma	y we contact your p	resent employer?	Yes 🗆	No I	
Current Position Name a	nd Address		City, Sta	ate Zip	
				·	
Telephone	Name of Supervisor	Position Held		Date Started	1
Main Duties:					
Main Duties.					
Reason for Wanting to Leave:				Current Rate	e of Pay
If you could have changed any	thing at this job, what w	vould you have change	ed?		
2 <sup>nd</sup> Last Position Name a	and Address		City, Sta	ate Zip	
Telephone	Name of Supervisor	Position Held		From(YY/MM)	To (YY/MM)
Main Duties:					
Reason for Leaving:				Final Rate of	f Pay
If you could have changed any	thing at this job, what w	vould you have change	ed?		

3 <sup>rd</sup> Last Position	Name and Address	City, State Zip

Telephone	Name of Supervisor	Position Held		From(YY/MM)	To (YY/MM)
Main Duties:					
Desses for Losving.				Final Data of	Devi
Reason for Leaving:				Final Rate of	Рау
If you could have changed anyt	hing at this job, what w	vould you have change	ed?		
Ath L D U			<u> </u>	·	
4 <sup>th</sup> Last Position Name ar	nd Address		City, Sta	ate Zip	
Telephone	Name of Supervisor	Position Held		From(YY/MM)	To (YY/MM)
Main Duties:					
Reason for Leaving:				Final Rate of	Рау
If you could have changed anyt	hing at this job, what w	vould you have change	ed?		
Please explain any gaps in your	employment history:				
	.,,,,				
What do you believe these emp	lovers would say if I ca	lled 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	e of School	Location of School	Gradu	iated?	Yea	pleted ars / lo.	Degree Received	Major Subject
High School			Yes	No				
Business or Trade School			Yes	No				
College or University			Yes	No				
Do you plar	n to continue your	education? Yes □	No 🗆		If Yes	, When?	?	

### **ASE CERTIFICATIONS**

Please select all that apply and include expiration dates

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

What is the approximate value of your tools and equipment?							
What diagnostic equipme	nt are you experienced in	using?					
Which repair or estimatin	ig programs are you profici	ient with?					
What technical courses/ti	aining or seminars have y	ou attended in the last yea	r?				
Below, rank the make of	vehicle you feel you have t	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 o	n the following	systems:
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	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 D No D If Yes, please explain:							
If you were to create a maintenance		r an average 10 year old	d car, what mileage/mo	onth intervals			
would you recommend the services	be for:						
Oil Changes	Coolant						
ATF Service	"Lifetime" Coola	nt					
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. <u>I authorize the verification of any or all information as listed above</u>. 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.