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Peotone, IL 60468
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 708-258-3022
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MECHANIC APPLICATION AND QUALIFICATIONS

Date of Application: _____	(Apolis Use Only) Start Date: _____
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Name _____

Current Address _____

How long at current address? _____

Social Security Number _____ - _____ - _____	Home Phone _____
Date of Birth _____ / _____ / _____	Cell Phone _____

List other addresses for past 3 years

Street	City	State	Zip
Street	City	State	Zip

EMERGENCY CONTACT INFORMATION

Name _____

Relationship _____

Phone Number _____

DRIVERS LICENSE INFORMATION

Do you hold a valid CDL? Yes No

If YES what class CDL? _____

STATE	LICENSE NUMBER	TYPE	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

If the answer to A or B is yes, give details: _____

EQUIPMENT MAINTENANCE EXPERIENCE

What type of equipment have you maintained? (Example: Diesel trucks, trailers, tanks, etc.)	How Long?

Are you familiar with D.O. T. Safety Regulations as they apply to maintaining commercial vehicles and mechanics and do you agree to comply with these regulations upon hire? Yes No

TOOLS

What is the range of your wrench sizes? (Smallest to largest)	
What is the range of your socket sizes? (Smallest to largest)	
Other tool information:	

WELDING

Do you weld? Yes (If yes list type and how long below.) No

Type	How long?

List any fabricating or other experience that will help you in your work with Apolis Transport:

DRUG FREE WORK PLACE AND CRIMINAL BACKGROUND CHECK

Have you ever tested positive for or refused a test for drugs or alcohol? Yes No (If yes, explain below)

Have you ever been convicted of a felony? Yes No (If yes, explain below)

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Last school attended: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Diplomas or Degrees: _____

List Trade Schools Attended: _____

List courses and training other than shown elsewhere in this application:

List special equipment or technical materials you can work with *(other than those already shown)*

WORK HISTORY

All applicants must provide the following information for all companies where they have been employed for the last 10 years. Please list work history in reverse order, beginning with the most recent. If self-employed, list the type of work performed. If self-employed or unemployed for any period of time please list those dates too.

If more space is needed, use a separate sheet of paper and attach.

WORK HISTORY (Current or Most Recent)

Company Name:	From Date (MM/YYYY):
Address:	To Date (MM/YYYY):
City, State, Zip:	Position Held:
Phone:	
Contact Person:	Salary/Wage:
Type of equipment maintained:	Reason for Leaving:

WORK HISTORY

Company Name:	From Date (MM/YYYY):
Address:	To Date (MM/YYYY):
City, State, Zip:	Position Held:
Phone:	
Contact Person:	Salary/Wage:
Type of equipment maintained:	Reason for Leaving:

WORK HISTORY

Company Name:	From Date (MM/YYYY):
Address:	To Date (MM/YYYY):
City, State, Zip:	Position Held:
Phone:	
Contact Person:	Salary/Wage:
Type of equipment maintained:	Reason for Leaving:

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize APOLIS TRANSPORT INC. to perform any investigation pertinent to the position for which I am applying. This includes any information required in but not limited to FMCSA Title 49 Code of Federal Regulations and any state and federal criminal records. I hereby release all schools, persons, and companies listed above and hold harmless from any and all liability or damages for providing requested information. I further understand that I have the right to review the information obtained from my previous employers, to correct the errors in that information and dispute perceived incorrect information.

Applicant Signature

Date