APPLICANT NAME:

DATE:

Brotherton Truck & Trailer Repair LLC 10041 HWY 65 N Chillicothe, MO 64601 660-646-9630

APPLICATION FOR EMPLOYMENT CLASS 7 & 8 TRUCK/TRAILER 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 s	o, 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:						
List any other skills, qualifications or experience that m	nay 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 \Box No \Box							
Current Position Name a	City, Sta	ate Zip					
Telephone	Name of Supervisor	Position Held Date Started					
Main Duties:							
					-		
Reason for Wanting to Leave:				Current Rate	e of Pay		
If you could have changed anyt	hing at this job, what w	ould you have chang	ed?				
2nd Last Position Name a	nd Addraca		City St	ate Zin			
2 nd Last Position Name and Address City, State Zip							
		1			1		
Telephone	Name of Supervisor	Position Held		From(YY/MM)	To (YY/MM)		
Main Duties:							
				1			
Reason for Leaving:				Final Rate of	Pay		
If you could have changed anyt	hing at this job, what w	ould you have chang	ed?				

3 rd Last Position Name and Address			City, Sta	City, State Zip		
Telephone	Name of Supervisor	Position Held	I	From(YY/MM)	To (YY/MM)	
Main Duties:						
Reason for Leaving:				Final Rate of	Pay	
If you could have changed anyt	hing at this job, what w	vould you have chang	ed?			
			T			
4 th Last Position Name and Address City			City, Sta	State Zip		
Telephone	Name of Supervisor	Position Held		From(YY/MM)	To (YY/MM)	
Main Duties:	<u> </u>			<u> </u>	<u> </u>	
Reason for Leaving: Final Rate of Pay						
If you could have changed anyt	hing at this job, what w	vould you have chang	ed?			
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	Length of	Phone	Email Address
Advisor/Employer	Time Known	Thome	
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	Gradu	iated?	ated? Completed Years / Mo.		Degree Received	Major Subject
High School			Yes	No				
Business or Trade School			Yes	No				
College or University			Yes	No				
Do you pl	an to continue your	education? Yes □	No 🗆		If Yes,	, When	?	
l								

ASE CERTIFICATIONS

Please select all that apply and include expiration dates

Expires	Expires
Engine Repair	Heating / Air Conditioning
Automatic Transmission	Engine Performance
Manual Drive Train/Axles	L1 Advanced Engine Performance
□ Suspension & Steering	List any other ASE Certificates here:
🗆 Air Brakes	
Electrical / Electronics	

SKILL AND EXPERIENCE ASSESSMENT

What is the approximate value of your tools and equipment?							
What diagnostic equipment are you experienced in using?							
Are you willing to I	Are you willing to be on call 24 hours to conduct roadside repair when needed?						
What technical courses/training or seminars have you attended in the last year?							
Below, rank the make of Trucks you feel you have the most experience							
in: 1.	2.	3.	4.	5.			
Below, rank the make of Trucks 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							
Air 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 trucks, such as lifting heavy objects like wheel's, cylinder heads, etc. or bending over long periods of time while working under trucks and trailers, color blindness, eye issues, hearing issues?

Yes \Box No \Box If Yes, please explain:

If you were to create a maintenance schedule for an average 10 year old Truck what mileage/month

intervals would you recommend the services be for:

Oil Changes	Coolant	
Drive Line Oils	Air System	
Shocks & Springs	Hoses	
Air Brakes	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 Brotherton Truck & Trailer Repair LLC constitutes a contract of employment. If a contract is to exist, that document will be executed in writing by Brotherton Truck & Trailer Repair 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 Brotherton Truck & Trailer Repair LLC.

Applicant Signature

Print Name

Date