



2017 Athens Highway Gainesville, Ga 30507

APPLICATION FOR EMPLOYMENT DIESEL 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 programs 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 _____

Preferred Name you go by _____

Address _____ City _____ State _____

Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____ Social Security Number _____

Type of Employment: ☐ Full Time ☐ Temporary ☐ Part Time

Salary/Wage Expectations: _____

How did you find out 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? (Check 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 may help in this position:

WORK EXPERIENCE

List your last 3 employers. **Include any military experience.**

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: _____

2nd Position Name and Address: _____

City, State Zip: _____ Telephone: _____

Name of Supervisor: _____ Position Held: _____

Date Started: _____

Main Duties: _____

Reason for Wanting to Leave:

Final Rate of Pay: _____

3rd Position Name and Address: _____

City, State Zip: _____ Telephone: _____

Name of Supervisor: _____ Position Held: _____

Date Started: _____

Main Duties: _____

Reason for Wanting to Leave:

Final Rate of Pay: _____

Military Experience? If yes, Explain role and duties

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 Friend: _____ Length of Time Known: _____

Phone: _____ Email Address: _____

Education

	Name of college	Did you Graduate?	How many years did you complete?	Degrees received?
High School				
Business or Trade school				
College or University				

ASE CERTIFICATIONS

Please select all that apply and include expiration dates

- | | |
|---|-----------------|
| <input type="checkbox"/> Engine Repair | Exp date: _____ |
| <input type="checkbox"/> Automatic Transmission/Transaxle | Exp date: _____ |
| <input type="checkbox"/> Manual Drive Train/Axles | Exp date: _____ |
| <input type="checkbox"/> Suspension & Steering | Exp date: _____ |
| <input type="checkbox"/> Brakes | Exp date: _____ |
| <input type="checkbox"/> Electrical / Electronics | Exp date: _____ |
| <input type="checkbox"/> Heating / Air Conditioning | Exp date: _____ |
| <input type="checkbox"/> Engine Performance | Exp date: _____ |
| <input type="checkbox"/> L1 Advanced Engine Performance | Exp date: _____ |
| <input type="checkbox"/> List any other ASE Certificates | |
| Here: _____ | |

SKILL AND EXPERIENCE ASSESSMENT

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?

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:

Category	Mater tech	Journey level	Apprentice level	Little or none
Engine Performance/ Tune	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical & Computer Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emission Testing and Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating & Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engine Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brake, Suspension and Steering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Transmissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Transmissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine Maintenance & Servicing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any physical problems that will restrict your abilities to service and repair vehicles, such as lifting heavy objects like wheel's, rotors and drums, Clutches, etc. or bending over long periods of time while working under the hoods of vehicles, color blindness, eye issues, hearing issues?

Yes ☐ No ☐ If Yes, please explain: _____

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 Herbert Truck Centers constitutes a contract of employment. If a contract is to exist, that document will be executed in writing by Herbert Truck Centers. I understand that this application for employment is valid for no more than 60 days. After that, I must resubmit an application in order to be considered for positions with Herbert Truck Centers.

Applicant Signature

Print Name

Date
