

A stylized black and white line drawing of a semi-truck. The truck is shown from a front-three-quarter view, facing left. It has a large, prominent grille with vertical slats, a large hood, and a tall cab. The trailer is a long, rectangular box trailer with a single door on the side. Motion lines are drawn behind the trailer to indicate it is moving quickly. The wheels are simple circles with horizontal lines for spokes.

SANDERS SERVICE LLC
387 US HWY 63
CLEAR LAKE, WI 54005

Equal access to programs, services, and employment is available to all persons.

Name of Source (if applicable)

Best time to call you _____:_____ am/pm

If yes; please indicate date, court of conviction, and sentence

EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATIONSHIP TO THE POSITION FOR WHICH YOU ARE APPLYING.

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary.) Explain any gaps in employment in comments section on the following page.

EMPLOYER:	TELEPHONE ()
ADDRESS:	
JOB TITLE:	
SUMMARIZE JOB DUTIES:	
IMMEDIATE SUPERVISOR & TITLE:	
DATES EMPLOYED:	FROM ____/____/____ TO ____/____/____
REASON FOR LEAVING?	
HOURLY RATE/SALARY: STARTING ____ PER ____ ENDING ____ PER ____ DESIRED ____ PER ____	
MAY WE CONTACT FOR A REFERENCE?	YES NO LATER

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JOB TITLE:	
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DATES EMPLOYED:	FROM ____/____/____ TO ____/____/____
REASON FOR LEAVING?	
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MAY WE CONTACT FOR A REFERENCE?	YES NO LATER

EMPLOYMENT HISTORY *(continued)*

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary.) Explain any gaps in employment in comments section on the following page.

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MAY WE CONTACT FOR A REFERENCE?	YES NO LATER

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JOB TITLE:	
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REASON FOR LEAVING?	
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MAY WE CONTACT FOR A REFERENCE?	YES NO LATER

COMMENTS INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

SKILLS AND QUALIFICATIONS - Summarize any special training, skills, license and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

EDUCATIONAL BACKGROUND IF JOB RELATED

List last three (3) schools attended, starting with the most recent.

School	Yrs. Completed	Degree/Diploma
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES

List name and telephone number of three (3) business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three (3) school or personal references who are *not* related to you.

NAME	TELEPHONE	YRS KNOWN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL INFORMATION

List professional, trade, business, or civic associations and any offices held.
Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability, or any other similarly protected status.

ORGANIZATION	OFFICES HELD
_____	_____
_____	_____
_____	_____

List any additional information you would like us to consider._____

Please indicate below why you want to work for Sanders Service LLC

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ____/____/____

DIESEL MECHANIC EXPERIENCE QUESTIONNAIRE

Check your experience on the following vehicles:

NONE

LIMITED

EXTENSIVE

FORD

FREIGHTLINER

INTERNATIONAL

KENWORTH

MACK

PETERBILT

OTHER

DESCRIBE: _____

Check your experience on the following engines:

NONE

LIMITED

EXTENSIVE

CAT

CUMMINS

DETROIT

INTERNATIONAL

MACK

OTHER

DESCRIBE: _____

Check your experience on the following rear end makes:

	NONE	LIMITED	EXTENSIVE
EATON			
MACK			
MERITOR			
OTHER			
DESCRIBE:			

Check your experience in the following areas:

	NONE	LIMITED	EXTENSIVE
AIR COMPRESSOR REPLACEMENT			
AIR SYSTEM REPAIR			
BRAKE REPAIR			
CLUTCH ADJUSTMENT			
CLUTCH REPLACEMENT			
FRONT AXLE			
FRONT SUSPENSION			
REAR END REMOVAL			
REAR SUSPENSION			
TRANSMISSION REMOVAL			
WHEEL SEAL REPLACEMENT			
DESCRIBE:			

Check your experience on electrical repair:

	NONE	LIMITED	EXTENSIVE
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ELECTRICAL DIAGNOSIS			
READING & FOLLOWING WIRING DIAGRAMS			
REPAIRING LIGHTS			
WIRING HARNESS REPLACEMENT			
DESCRIBE: _____			

Check your experience in the following area:

	NONE	LIMITED	EXTENSIVE
<hr/>			
AIR CONDITIONING DIAGNOSTICS			
DESCRIBE: _____			

Check your experience in the following areas:

	NONE	LIMITED	EXTENSIVE
<hr/>			
ECM PROGRAMING			
ENGINE REPAIR			
HARD START / NO START DIAGNOSTICS			
LOW POWER DIAGNOSTICS			
DESCRIBE: _____			

Please describe any other areas of experience you possess: _____

Date _____