

# Application for Employment DIESEL MECHANIC



PLEASE PRINT

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

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

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Referral Source:      Advertisement      Walk-In      Billboard  
                                 Employee      Relative      Other \_\_\_\_\_

Name of Source (if applicable) \_\_\_\_\_

Name \_\_\_\_\_

LAST

FIRST

MIDDLE

Address \_\_\_\_\_

STREET

CITY

STATE

ZIP CODE

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Best time to call you \_\_\_\_ : \_\_\_\_ am/pm

Have you submitted an application here before?      Yes      No      If yes, Date(s) \_\_\_\_\_

Have you ever been employed here before?      Yes      No      If yes, Date(s) From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you legally eligible for employment in this country?      Yes      No

Date available for work \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of employment desired:      Full-Time      Part-Time      Temporary

                                 Seasonal      Educational Co-op

Are you able to meet the shift and/or attendance requirements of the position?      Yes      No

Will you work overtime if required?      Yes      No

Have you ever been convicted of a felony or misdemeanor?      Yes      No

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

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT

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

Driver's license number REQUIRED if driving a car *or operating other company equipment* is an essential job function.

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER

## EMPLOYMENT HISTORY

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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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EMPLOYER:

TELEPHONE (    )

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ADDRESS:

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JOB TITLE:

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SUMMARIZE JOB DUTIES:

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IMMEDIATE SUPERVISOR & TITLE:

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DATES EMPLOYED:    FROM \_\_\_\_/\_\_\_\_/\_\_\_\_    TO \_\_\_\_/\_\_\_\_/\_\_\_\_

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REASON FOR LEAVING?

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HOURLY RATE/SALARY: STARTING \_\_\_\_\_ PER \_\_\_\_\_ ENDING \_\_\_\_\_ PER \_\_\_\_\_ DESIRED \_\_\_\_\_ PER \_\_\_\_\_

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MAY WE CONTACT FOR A REFERENCE?            YES            NO            LATER

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EMPLOYER:

TELEPHONE (    )

---

ADDRESS:

---

JOB TITLE:

---

SUMMARIZE JOB DUTIES:

---

---

IMMEDIATE SUPERVISOR & TITLE:

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DATES EMPLOYED:    FROM \_\_\_\_/\_\_\_\_/\_\_\_\_    TO \_\_\_\_/\_\_\_\_/\_\_\_\_

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REASON FOR LEAVING?

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HOURLY RATE/SALARY: STARTING \_\_\_\_\_ PER \_\_\_\_\_ ENDING \_\_\_\_\_ PER \_\_\_\_\_ DESIRED \_\_\_\_\_ PER \_\_\_\_\_

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MAY WE CONTACT FOR A REFERENCE?            YES            NO            LATER

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**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.

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

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

**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



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

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FORD

FREIGHTLINER

INTERNATIONAL

KENWORTH

MACK

PETERBILT

OTHER

DESCRIBE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Check your experience on the following engines:**

NONE

LIMITED

EXTENSIVE

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CAT

CUMMINS

DETROIT

INTERNATIONAL

MACK

OTHER

DESCRIBE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Check your experience on the following rear end makes:**

NONE

LIMITED

EXTENSIVE

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EATON

MACK

MERITOR

OTHER

DESCRIBE: \_\_\_\_\_

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**Check your experience in the following areas:**

NONE

LIMITED

EXTENSIVE

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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: \_\_\_\_\_

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**Check your experience in the following area:**

NONE

LIMITED

EXTENSIVE

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AIR CONDITIONING DIAGNOSTICS

DESCRIBE: \_\_\_\_\_

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**Check your experience in the following areas:**

NONE

LIMITED

EXTENSIVE

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ECM PROGRAMING

ENGINE REPAIR

HARD START / NO START  
DIAGNOSTICS

LOW POWER DIAGNOSTICS

DESCRIBE: \_\_\_\_\_

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**Please describe any other areas of experience you possess:** \_\_\_\_\_

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