

APPLICANT FULL LEGAL NAME:

DATE:



# DEDICATED TRANSPORTATION, LLC

## APPLICATION FOR EMPLOYMENT - DIESEL MECHANIC

*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. It is preferred that this application be completed digitally, if possible.
2. If handwritten, print legibly and complete all sections of the application.
3. Any omissions on the application can cause unnecessary delays. Fill out all blanks. If it does not apply to you, put "N/A" (*not applicable*) in the blank
4. Sign and date the application once it is completed. Not having a signature will cause applications to be rejected

## PERSONAL DATA

Last Name	First Name	Middle Name
Address		
City	State	Zip Code
Home Phone	Cell Phone	
Email Address	Social Security Number (used for verification purposes)	
Type of Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time	Salary/Wage Expectations:	

How did you find out about this position?	When would you be able to start?
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Why do you feel you are qualified for this position?

Are you currently employed?      Yes              No      If Yes, where?

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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, are you insurable?
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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:*

**Activities and Interests** (exclude any organization or society name of which indicates the race, religious creed, color, national origin or ancestry of its members).

List any other skills, qualifications or experience that may help in this position:

**WORK EXPERIENCE**

*List your last 4 employers, include any military experience.*

If presently employed, may we contact your present employer? Yes  No



<b>Current Position</b>		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	
If you could have changed anything at this job, what would you have changed?					



<b>2<sup>nd</sup> Last Position</b>		Name and Address		City, State Zip	
Telephone	Name of Supervisor	Position Held		From(YY/MM)	To (YY/MM)
Main Duties:					
Reason for Leaving:				Final Rate of Pay	
If you could have changed anything at this job, what would you have changed?					

<b>3<sup>rd</sup> Last Position</b> Name and Address		City, State Zip		
Telephone	Name of Supervisor	Position Held	From(YY/MM)	To (YY/MM)
Main Duties:				
Reason for Leaving:			Final Rate of Pay	
If you could have changed anything at this job, what would you have changed?				

<b>4<sup>th</sup> Last Position</b> Name and Address		City, State Zip		
Telephone	Name of Supervisor	Position Held	From(YY/MM)	To (YY/MM)
Main Duties:				
Reason for Leaving:			Final Rate of Pay	
If you could have changed anything at this job, what would you have changed?				

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?

## EDUCATION

Name of School		Location of School	Graduated?		Completed Years / Mo.		Degree Received	Major Subject
High School			Yes	No				
Business or Trade School			Yes	No				
College or University			Yes	No				

Do you plan to continue your education? Yes  No  If Yes, When?

## ASE CERTIFICATIONS

*Please select all that apply and include expiration dates*

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

## SKILL AND EXPERIENCE ASSESSMENT

What is the approximate value of your tools and equipment?

What diagnostic equipment are you experienced in using?

What technical courses/training or seminars have you attended in the last year?

Below, rate your experience on the following systems:

	Master Tech	Journey Level	Apprentice Level	Little or None
Knowledge and completion of routine maintenance (grease, oil change, oil and fuel filter change)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of replacing / repairing both disc and drum brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brake technician certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changing wheel seals (oil and grease)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mounting & dismounting of tires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repair & Replace ABS Sensors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Wiring Repair (i.e. lights, splicing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HVAC knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Little or No knowledge of HVAC are you willing to acquire certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you have your own tools?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you available to work every other Saturday?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you have a Class A CDL	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you have a Class B CDL	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you have your own transportation in order to get to work	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Do you have any physical problems that will restrict your abilities to service and repair tractor trucks and trailers, such as lifting heavy objects like wheels, cylinder heads, 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 Dedicated Transportation, LLC. constitutes a contract of employment. If a contract is to exist, that document will be executed in writing by Dedicated Transportation, LLC. I understand that this application for employment is valid for no more than 180 days. After that, I must resubmit and application in order to be considered for positions with Dedicated Transportation, LLC.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Once the application is completed fully, please send the completed form to the Dedicated Transportation, LLC Human Resources Department via email ([hr@shipdedicated.com](mailto:hr@shipdedicated.com)) by clicking the button below.