

# MECHANIC APPLICATION FOR EMPLOYMENT



A Full Service Leasing and Maintenance Provider.

**MARKARE SERVICES, INC.**  
888 Will Carleton Rd  
Carleton, MI 48117  
(734) 654-4621

Fax completed application to 734-799-4579  
or email to:  
[WAHLR@KCLOG.COM](mailto:WAHLR@KCLOG.COM)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act. Applicants may request accommodations needed to participate in application process.

## PERSONAL INFORMATION

Date of application: \_\_\_\_\_

Name \_\_\_\_\_

Last First Middle

Present Address \_\_\_\_\_

Street City State ZIP

Previous Address \_\_\_\_\_

Street City State ZIP

Phone No. ( ) \_\_\_\_\_

Referred by \_\_\_\_\_ Are you 18 years of age or older? Yes or No

Person to be notified in case of EMERGENCY:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

## EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date You Can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are You Employed Now? Yes or No \_\_\_\_\_ If So, May We Inquire of Your Present Employer? Yes or No \_\_\_\_\_

Ever Applied to this Company Before? Yes or No \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Shift Availability: \_\_\_\_\_

## EDUCATION

	Name and Location of School	Circle Last	Did you	Subjects Studied and
		Year Completed	Graduate?	Degree(s) Received
High School	_____	1 2 3 4	Yes or No	_____
College	_____	1 2 3 4	Yes or No	_____
Trade, Business or Correspondence School	_____	1 2 3 4	Yes or No	_____

## GENERAL

Have you ever been convicted of a crime? Do not include traffic tickets. Answering "Yes" does not necessarily exclude you from the hiring process. Yes No If yes, explain. \_\_\_\_\_

Do you have a valid driver's license? Yes No

## DRIVER EXPERIENCE & QUALIFICATION

Date of birth \_\_\_\_\_ The US Department of Transportation requires that driver applicants state their DOB.

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Expiration year \_\_\_\_\_

## DRIVER EXPERIENCE & QUALIFICATIONS

Driving Experience	Type of Equipment (van, tank, flat bed)	From	To	Approximate Total Miles
Class of Equipment				
Straight Truck				
Tractor&Semi-Trailer				
Twin Trailers				
Other				

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes      No

B. Has any license, permit or privilege ever been suspended or revoked? Yes      No

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes      No

If you answered yes to A, B, or C, explain details here. \_\_\_\_\_

### Accident Review for the past 3 years (attach separate sheet of paper if more space is needed)

Date	Nature of accident (head-on, rear-end, upset)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

### Traffic Convictions for the past 3 years (other than parking violations)

Date	City & State	Charge	Penalty

## MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work \_\_\_\_\_

### Job Function

Indicate training & experience:	Formal Training (check box)	Years of Experience	Area of Work	Formal Training (check box)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up/rebuild			Electric Repair		
Tire Service			Alignments		
Trailer Repair			Cooling System		
Air Conditioning			Brakes		

### Shop Equipment

Indicate training & experience:	Formal Training (check box)	Years of Experience	Area of Work	Formal Training (check box)	Years of Experience
Electrical Diagnostic Equipment			Tire Machine		
Sheet Metal Equipment			Tire Recapping Mold		
Frame & Axle Straightening Equ			Engine Dynamometer		
Engine Rebuild Equipment			Chassis Dynamometer		
Diesel Injection Equipment			Engine Analyzer		
Electric Welder			Inspections		
Oxyacetylene Welder			Smoke/Noise Equip		

**EMPLOYMENT HISTORY** List below your last four employers, starting with the last one first.

**Current Employer:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Address** \_\_\_\_\_ **Telephone** ( ) \_\_\_\_\_

Street City State Zip To Rate of Pay

Position Held From

Why do you want to change employers?

**Former Employer #3:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Address** \_\_\_\_\_ **Telephone** ( ) \_\_\_\_\_

Street City State Zip To Rate of Pay

Position Held From

Reason for Leaving?

**Former Employer #2:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Address** \_\_\_\_\_ **Telephone** ( ) \_\_\_\_\_

Street City State Zip To Rate of Pay

Position Held From

Reason for Leaving?

**Former Employer #1:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Address** \_\_\_\_\_ **Telephone** ( ) \_\_\_\_\_

Street City State Zip To Rate of Pay

Position Held From

Reason for Leaving?

**REFERENCES** List below three persons not related to you, whom you have known at least one year.

Name	Telephone Number	Position	Years Acquainted
1			
2			
3			

**AUTHORIZATION** To be read and signed by applicant:

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient causes for refusal to hire, or dismissal if I have been employed. I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand that if I am hired by **Markare Services, Inc.**, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. Employment is contingent on a negative pre-employment drug screen and full physical.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_