

1-866-800-8000

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## APPLICATION FOR EMPLOYMENT at Erickson Trucks-n-Parts

An Equal Opportunity Employer

In compliance with State and Federal equal employment opportunity laws: qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability

Date: PERSONAL INFO	Position(s) applied for: PERSONAL INFORMATION						
Name:(Last) (First) (Middle)	Social Security Number:						
Present Address:(Street)	(City) (State) (Zip)						
Phone Number:(Include area code)	_						
Are you 18 years or older? (Circle one)  Yes  No  If no, ca	n you provide proof of age?						
Do you have the legal right to work in the United States?							
Days available for work: S M T W TH F S (circle all that apply)							
Date you could start: Salary desired:	Are you employed now?						
If yes, may we inquire of your present employer? If no.	how long since last leaving last employment?						
Have you ever applied her before? Y N When? F	Iave you worked her before? Where?						
Dates: Fromto Reason for leaving	z:						
Referred by: Whom to notify in c	ase of emergency:						
EMPLOYMENT HISTORY  Provide employment information for the last three years. Attach a sheet if more space is needed.							
Employer Name:	Dates: fromto						
Address:	Position Held:						
Phone Number:	Reason for leaving:						
May we contact for a reference? (Circle one) Yes No Name of contact:	Wage:						
Employer Name:	Dates: from to						
Address:	Position Held:						
Phone Number:	Reason for leaving:						
May we contact for a reference? (Circle one) Yes No Name of contact:	Wage:						

Employer Name: Dates:	from to
Address: Positio	n Held:
Phone Number: Reason	n for leaving:
May we contact for a reference? (Circle one) Yes No Name of contact:	Wage:
Which of these positions did you like best and why?	
Military Status:	
Have you served in the U.S. Armed Forces? Branch	Rank
Present membership in the National Guard or Reserves? Yes No Ple	ease specify
Would you be willing to take a pre – employment drug screen? Yes No	
EDUCATION (Circle highest level of grade comple	ted)
<b>Grammar</b> 1 2 3 4 5 6 7 8 <b>High School</b> 1 2 3 4	<b>College</b> 1 2 3 4
High school attended: name: City / State	3:
Subject of special study or research work:	
Special skills / Activities:	
Post-Secondary School attended: Name: City	y / State:
Subject of special study or research work:	
Special skills / Activities:	
List courses and training other than shown elsewhere in this application:	
List special equipment or technical material you can work with (other than what is alre	ady shown):
DRIVER Experience and Qualifications	License Type: (Circle One)
Have you ever been <u>denied</u> a permit, license, or privilege to operate a motor vehicle?	Yes No
Has any license, privilege, or permit ever been suspended or revoked? Yes No	
If the answer to either question is <u>yes</u> please explain in detail	
What endorsements, if any, do you hold?	
Please list driving experience including class of equipment, type of equip, list of states	
and dates	
Which safe driving awards do you hold and from whom?	
Traffic convictions and forfeitures for the past 3 years (excluding parking violations) –	include location, date, and charge penalty:
List Accident Record for the past 3 years or more (Include date, nature of accident, inju	uries, or fatalities, etc)
SHOP / INDUSTRIAL General Information & experience	

would you object to providing your own basic hand tools? Yes No Do you have your own basic hand tools: Yes

List experience with po	wer tools:				
		nce, knowledge of auto p			
SHOP / INDUSTRI	AL continued				
Do you have any prior	experience working wi	h diesel or other medium	n to heavy equipme	ent? Yes !	No
Please specify experien	ce with diesel or other	medium to heavy equipm	nent:		
List types of welding ex	xperience, welding cert	ificates received, or other	r related welding /	torching experience	ce:
List types of equipment	t that you can operate a	nd years of experience: _			
Please check all that	t apply: (For gas o	r diesel equipment)			
Clutch rebuilding	Body work	Engine rebuildin	g Transmi	ssion rebuilding	Paint spray gun
Ignition repair		ork Frame equipmer		dynamometer	Chassis dynamometer
Engine wiring / elec	etrical		_		•
List prior mechanical ex	xperience:				
List other technical, me	chanical, or automotive	e skills not already listed	that may help in y	our work here at E	crickson truck sales & salvage.
Office / clerical	_	Qualifications & exper			
List experience with off	fice equipment:				
Do you have prior expe	erience with computers	Yes No If y	es, specify softwar	re program(s) used	:
List prior courses, train	ing, or work experience	es for office work:			
Please check all that	t apply				
General accounting	Accounts payable	Accounts receivable	Billing	Purchasing	Claims
Customer service	Sales	Human resources	Cashier	Payroll	Proofing
Licensing	Data entry	Filing	Typing	Web sites / inter	net
Receptionist	Dispatcher	Multi – phone line	Processing wo	ork orders of any kind	I
Other					

	k experience, or projects that may help			
	ttention to detail, time management, c			ruck Sales &
REFERENCES Give names of three perso and character references.	ns <u>NOT</u> related to you, whom you h	ave known at least one year, that a	re willing to provide profession	nal (business)
(Name) 2	(Address)	(Business)	(Years aquatinted)	
(Name)	(Address)	(Business)	(Years aquatinted)	
(Name)	(Address)	(Business)	(Years aquatinted)	
Tha	ank you for filling out an application f	or employment with Erickson Trucks	-N-Parts Inc!	
	TO BE READ AND SI	GNED BY APPLICANT		
This certifies that this application knowledge.	cation was completed by me and that	all entries on it and the information in	it are true and complete to the b	est of my
be necessary in arriving at a inquiries and releasing info In the event of employment	Sales to make such investigations and an employment decision. I hereby rele- rmation in connection with my applica, I understand that false or misleading ad to abide by all rules and regulations	ase employers, schools, and other per- ation.  information given in my application of	sons from all liability in respond	ing to
Date:	Applicant's	Signature:		
Interviewed By whom:		T WRITE BELOW THIS LINE oppropriate representative of compa	_	
Notes taken from intervi	ew:		-	
Rate the following using S = Superior VG =	the system below: Very Good $G = Good A = A$	Average BA = Below Average	P = Poor	
Application:	Past Emplo	yment:	Interview:	
Signature of appropriate	company representative:			
	(Nam	e)	(Position)	(Date)