

Application for Employment Diesel Mechanic

N&M TRANSFER CO., INC.
630 MUTTART ROAD
NEENAH, WI 54956-9764
920-722-7760

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____/____/____

Referral Source Advertisement Employee Relative Walk-in
 Govt. Employment Agency Private Employment Agency Other _____
Name of source (if applicable) _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone # _____ Mobile/Beeper/Other Phone # _____ Social Security # _____

If necessary, best time to call you at home is _____ : _____ am/pm

May we contact you at work Yes No Work # _____ Best time to call _____ : _____ am/pm

If you are under 18 and it is required, can you furnish a work permit?..... Yes No

If no, please explain _____

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

Will you relocate if job requires it?..... Yes No Will you travel if job requires it? Yes No

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

Will you work overtime if required? Yes No If no, please explain _____

Have you ever been bonded?..... Yes No

Have you been convicted of a crime in the last seven (7) years?..... Yes No

If yes, please explain _____

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.

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

License # _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER

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 ()	Summarize Job Duties & Responsibilities
ADDRESS		
JOB TITLE		
IMMEDIATE SUPERVISOR & TITLE		
DATES EMPLOYED FROM ____/____/____ TO ____/____/____		
REASON FOR LEAVING?		
HOURLY RATE/SALARY STARTING ____ PER ____ ENDING ____ PER ____		
MAY WE CONTACT FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		

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COMMENTS INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

SKILLS AND QUALIFICATIONS - Summarize any special training, skills, licenses 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	GPA/Class Rank	Major	Minor

REFERENCES

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

NAME	TELEPHONE	YEARS 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 special accomplishments, publications, awards, etc.

Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status. _____

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

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 ____/____/____

Please indicate below why you want to work for N & M Transfer Co., Inc.

DIESEL MECHANIC EXPERIENCE QUESTIONNAIRE

Check your experience on the following vehicles:

	NONE	LIMITED	EXTENSIVE
GMC			
FORD			
IH			
KENWORTH			
PETERBILT			
MACK			
OTHER			

DESCRIBE: _____

Check your experience on the following engines:

	NONE	LIMITED	EXTENSIVE
MACK			
CAT			
CUMMINS			
DETROIT			
OTHER			

DESCRIBE: _____

Check your experience on the following transmissions:

	NONE	LIMITED	EXTENSIVE
MACK			
SPICER			
FULLER			
OTHER			

DESCRIBE: _____

Check your experience on the following rear end makes:

	NONE	LIMITED	EXTENSIVE
SPICER			
EATON			
MACK			
ROCKWELL			
OTHER			

DESCRIBE: _____

Check your experience on the following steering components:

	NONE	LIMITED	EXTENSIVE
SHEPPARD GEARBOXES			
ROSS GEARBOXES			
SAGINAW GEARBOXES			
EATON PUMPS			
SPERRY VICKERS PUMPS			

DESCRIBE: _____

Check your experience on the following subsystems:

	NONE	LIMITED	EXTENSIVE
FRONT AXLE			
FRONT SUSPENSION			
REAR SUSPENSION			

DESCRIBE: _____

Check your experience in the following areas:

	NONE	LIMITED	EXTENSIVE
CLUTCH ADJUSTMENT			
CLUTCH REPLACEMENT			
TRANSMISSION REMOVAL			
REAR END REMOVAL			

DESCRIBE: _____

Check your experience in the following areas:

	NONE	LIMITED	EXTENSIVE
WHEEL SEAL REPLACEMENT			
BRAKE OVERHAUL			
AIR SYSTEM REPAIR			
AIR COMPRESSOR REPLACEMENT			

DESCRIBE: _____

Check your experience on electrical repair:

	NONE	LIMITED	EXTENSIVE
BATTERY ANALYSIS			
ALTERNATOR ANALYSIS			
ELECTRICAL DIAGNOSIS			
WIRING HARNESS REPLACEMENT			

DESCRIBE: _____

Check your experience in the following areas:

	NONE	LIMITED	EXTENSIVE
ENGINE TUNE-UP			
VALVE ADJUSTMENT			
VEHICLE SERVICING			
NEW TRUCK PREP			
PROBLEM DIAGNOSIS			

DESCRIBE: _____

Check your experience in the following areas:

	NONE	LIMITED	EXTENSIVE
ELECTRIC WELDING			
ACETYLENE WELDING			

DESCRIBE: _____

Check your experience in the following area

	NONE	LIMITED	EXTENSIVE
AIR CONDITIONING SERVICE			

DESCRIBE: _____

Please describe any other areas of experience you possess: _____

