MATERIAL OR OTHER HANDLING EQUIPMENT EXPERIENCE & QUALIFICATIONS

Indicate training and experience in the following:

Trucks	Formal Training (Check)	Years of Experience	Attachments	Formal Training (Check)	Years of Experience
Forklift/tow motor (standard sit-down forklift)			Slipsheet		
Pallet jack (non-rider)			Sideshifters		
Walkie/rider			Container handlers		
Order picker			Carton clamps		
Vehicle-mounted (e.g., piggybacks)			Paper roll handlers		
Rough-terrain forklift			Barrel clamps		
Reach truck			Extending or telescoping forks (e.g., on reach and turret trucks)		
Narrow aisle			Personnel platforms/ man-cage		

	Applicant's Sigr	nature				Date
	FOR OFFICE	USE-DO PROCE	_	RITE IN THIS SI	PACE	
Applicant Hired?Yes	No			Date of Birth:		(month/day/year)'
Date Employed:				Point Employ	ed:	
Department:				Classification	n:	
(If not hired, summary report of reas						
IN CASE OF EMERGENCY	NOTIFY:				Phone:	
Address: THIS SECTION TO B					MDANIX E	EDDEOENTATIVE
THIS SECTION TO B	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application	Superior	Good	raii	Below Average	1001	Willien Record on File
2. Interview						
Past Employment Written Exam						
5. Road Test						
6. Policy and Traffic Record						
Signature of	Interviewing Office	ər:				_ Date:
		TRA	NSFER	S		
From:	_ To:		_ Fron	າ:	7	To:
Date:	_		Date	: :		
Reason for Transfer:			_ Rea	son for Transfer: _		
	TERM	INATION	OF EM	PLOYMENT		
Date Terminated:	Department R	elease Fron	n:			
Dismissed:	Volu	untarily Qui	t:		Other:	
Termination Report Placed ir	n File:	S	Superviso	r:		
Copyright 2017 J. J. Keller & Associates, Inc. • N	leenah, WI • JJKeller.com • (80	00) 327-6868 • Prin	ted in the USA			Page 4 3203 (Rev. 4/17)

Application for Employment

	tpp110atioi1	
	• •	
Zin		

Date of Application

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

State

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

ture ______ Date ___

DRIVER APPLICANT ONLY

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

• Review information provided by previous employers;

Applicant Name

Address

- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

nature			Date
II C Dono	rtmont of Transport	ation requires that	t driver applicants state their date of birth (\$201.01/b)(0)). Date of Birth

м			\							
- 1	- I							th (§391.21(b)(2)	D . (D:	
	Inal	I S Danart	mont of Irang	nortation re	adilirae that driva	annlicante etate	thair data at hir	th (8301 21(h)(2)	1 112ta of Rirth	
	I I I C	. O. Depait	ment of hank	book tation is	ryunes mai unvei	applicants state	tileli date di bil	11 (2001.21(0)(2)	1. Date of Diffil	
	_							() ()		month / dout / v

										Phone ()		
Street			City			5	State		Zip Code					
sidence less tha	n thre	e yea	rs, list	belo	w all ı	esider	nces	for the p	ast three ye	ars. Attach	n a se	eparate	sheet if r	necessary
									City		S	State		Zip Cod
									City		S	State		Zip Cod
or								_ Temp	orary	Part Ti	me _		Full Tir	me
									_ Rate of p	ay expecte	ed?_			
or this company	y befo	re?				_ Dat	tes:	From _	.1. /	Тс			,	
				F	Rate	of Pay			F	Position				
l <u> </u>														
tives employed	by this	s com	pany_											
					E	EDUC	ATIO	N						
le completed:	1 2	3 4	5 6	7	8 9	10 1	11 1	2	College:	1 2	2 3	4		
ed														
	Name								Address					
						GENE	ERAL							
en bonded? equirement)						N	ame	of bond	ing company	/				
ked for this con	npany	unde	r anoth	ner n	ame?			f so, und	der what nar	me?				
h calculating &	quotin	g rate	s:											
	or	for this company before this company before this company before this employed by this decompleted: I will be completed: I will be completed: I will be completed: I will be company and be with the understand and be with	or	for this company before?	for this company before?	or	for this company before? Da Rate of Pay J tives employed by this company EDUC. le completed: 1 2 3 4 5 6 7 8 9 10 ed Name GENI en bonded? Nequirement) rked for this company under another name? th calculating & quoting rates: ailable with the understanding that J. J. Keller & Associates,	or	or Temporal control company before? Dates: From Rate of Pay But tives employed by this company EDUCATION le completed: 1 2 3 4 5 6 7 8 9 10 11 12 led Name GENERAL Sen bonded? Name GENERAL Sen bonded? Name of bond lequirement) Red for this company under another name? If so, under calculating & quoting rates: lailable with the understanding that J. J. Keller & Associates, Inc.® is not engaging the calculation of the ca	City City Or	City Or Temporary Part Ti Rate of pay expecte for this company before? Dates: From To	City S City S Or Temporary Part Time Rate of pay expected?_ for this company before? Dates: From To month/year Position Rate of Pay Position EDUCATION de completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 and a directly address GENERAL Purporary Part Time Rate of pay expected? From Position GENERAL Purporary Part Time Rate of pay expected? Rate of Pay Position GENERAL Name	City State City State Or Part Time Rate of pay expected? For this company before? Dates: From To Month/year month/year month Rate of Pay Position EDUCATION le completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 ed Name Address GENERAL In bonded? Name of bonding company Prequirement) Red for this company under another name? If so, under what name? th calculating & quoting rates: If so, under what name?	City State or Part Time Full Tir Rate of pay expected? for this company before? Dates: From To month/year Position Rate of Pay Position Position EDUCATION le completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 ed Name Address GENERAL In bonded? Name of bonding company Position Address GENERAL In bonded? Name of bonding company Position Position If so, under what name? In calculating & quoting rates: Position Position If so, under what name? If so, under what name? In calculating & quoting rates: Position Position

Copyright 2017 J. J. Keller & Associates, Inc. • Neenah, WI JJKeller.com • (800) 327-6868 • Printed in the USA

3203 (Rev. 4/17)

Drivers Licenses held	State) L	icense No.		Class		Endorser	ment(s)		Expiration Date
in past 3										
years must be shown										
			.,	,						
. Have you ever			•		•		tor vehic			No
 Has any license you answered "y 						океа?			res	No
PRIVING EXPE				giving	uetalis.					
CLASS OF I			OH NO	CIRCLE	TYPE OF EQ	HIPMENIT		DATES		PPROX. NO. OF M
OLAGO OI I	LOCOII WILI						FROM (M/	Y) TO (M	/Y)	(TOTAL)
STRAIGHT TRUCK					NK, FLAT, DUM					
TRACTOR AND SEM					NK, FLAT, DUM					
TRACTOR - TWO TR					NK, FLAT, DUM					
TRACTOR - THREE	TRAILERS	YES UN	More than 8	(VAN, TAN	NK, FLAT, DUM	/IP, REFER)				
MOTORCOACH - SC	HOOL BU	S YES N	More than 15							
MOTORCOACH - SC	HOOL BU	S LYES LIN	NO passengers							
OTHER										
ist states operate	d in duri	ng last five y	ears:							
how oppoint cour		oining that w	ill bala yay	00 0 dr	ivor					
how special cour Ihich safe driving		•								
CCIDENT REC						naner if m	nore space	a is naada	d)	
COIDENT TIEC					ie sileet of p	Japel II II	ore space	o is fieede	u)	Hozordou
Dates			ature of Acc -On, Rear-l		-)	Fatali	ities	Injuri	A S	Hazardou Material Sp
		(Head	-On, mear-	Liid, etc	<i>J.)</i>	ı atan	11103	IIIJUII		Wateriai Op
Last Accident										
Next Previous Next Previous										
MAXI PIAMONS										
	2NOIT	AND FOREE	ITURES fo	r the n	act 3 vear	e (other	than na	rkina vio	lations	if none, write n
RAFFIC CONVIC		AND FORFE			ast 3 years	s (other			lations	
RAFFIC CONVIC	cation	AND FORFE	ITURES fo		ast 3 years	s (other	than pa		lations	Penalty
RAFFIC CONVIC		AND FORFE			ast 3 years	s (other			lations	
RAFFIC CONVIC		AND FORFE			ast 3 years	s (other			lations	
RAFFIC CONVIC		AND FORFE	Da	te			Charge		lations	
RAFFIC CONVIC	cation		(Attach sh	neet if m	ore space i	is neede	Charge d)	e		Penalty
RAFFIC CONVIC	cation	n interstate cor	(Attach sh	neet if mo	ore space i	is neede	Charge d)	e		Penalty
All driver applicants	s to drive i	n interstate cor	(Attach sh EMP mmerce must	neet if mo	ore space i	is neede FORY g informat	Charge d)	employers	during th	Penalty
All driver applicants st complete mailing Applicants must inc Applicants to drive	s to drive i address, s clude the r a comme	n interstate cor street number, names of DOT- rcial motor vehi	(Attach sh EMP mmerce must city, state and regulated em icle* that req	neet if me LOYMI t provide d zip cod nployers uuires a C	ore space i ENT HIST the following e. under whose DL in intrast	is neede FORY g informat e authority tate or int	Charge d)	employers	during th	Penalty
All driver applicants st complete mailing Applicants to drive years' information o	s to drive i address, s elude the r a comme n those er	n interstate cor street number, names of DOT- rcial motor vehi nployers for wh	(Attach sh EMP mmerce must city, state and regulated em icle* that requion the appli	neet if more LOYMI to provide d zip cod inployers u cuires a Cocant ope	ore space i ENT HIST the following e. under whose DL in intrast rated such y	is neede FORY g informat e authority tate or int	Charge d) ion on all e	employers rated as a commerce sh	during th	Penalty
All driver applicants st complete mailing Applicants to drive years' information o	s to drive i address, s elude the r a comme n those er	n interstate cor street number, names of DOT- rcial motor vehi mployers for wh se order starting	(Attach sh EMP mmerce must city, state and regulated em icle* that requion the appli	neet if more LOYMI to provide d zip cod inployers u cuires a Cocant ope	ore space i ENT HIST the following e. under whose DL in intrast rated such y	is neede FORY g informat e authority tate or int	Charge d) ion on all e	employers rated as a commerce sh	during the	Penalty
All driver applicants st complete mailing Applicants must ind Applicants to drive years' information of IOTE: List employers	s to drive i address, s elude the r a comme n those er	n interstate cor street number, names of DOT- rcial motor vehi mployers for wh se order starting	(Attach sh EMP mmerce must city, state and regulated em icle* that requ om the appli g with the mo	neet if more LOYMI to provide d zip cod inployers u cuires a Cocant ope	ore space i ENT HIST the following e. under whose DL in intrast rated such y	is neede FORY g informat e authority tate or int	Charge d) ion on all e	employers rated as a commerce sh	during the	Penalty ne preceding 3 y or leased driver, provide an addit
All driver applicants st complete mailing Applicants must inc Applicants to drive years' information o NOTE: List employer	s to drive i address, s elude the r a comme n those er	n interstate cor street number, names of DOT- rcial motor vehi mployers for wh se order starting	(Attach sh EMP mmerce must city, state and regulated em icle* that requ om the appli g with the mo	neet if more LOYMI to provide d zip cod inployers u cuires a Cocant ope	ore space i ENT HIST the following e. under whose DL in intrast rated such y	is neede FORY g informat e authority tate or int	Charge d) ion on all e	employers rated as a commerce shary.)	during the	Penalty ne preceding 3 y or leased driver, provide an addit
All driver applicants st complete mailing Applicants must inc Applicants to drive years' information of IOTE: List employer NAME	s to drive i address, s elude the r a comme n those er	n interstate cor street number, names of DOT- rcial motor vehi mployers for wh se order starting	(Attach sh EMP mmerce must city, state and regulated em icle* that reg iom the appli g with the mo	Leet if market if more in the control of the contro	ore space i ENT HIST the following e. under whose DL in intrast rated such v t. Add another	is neede FORY g informat e authority tate or int	Charge d) ion on all e	employers rated as a commerce shary.) FROM MO. POSITI	during the	Penalty ne preceding 3 y or leased driver, provide an addit
All driver applicants st complete mailing Applicants must ind Applicants to drive years' information on NOTE: List employers NAME	s to drive i address, s elude the r a comme n those er	n interstate cor street number, names of DOT- rcial motor vehi mployers for wh se order starting	(Attach sh EMP mmerce must city, state and regulated em icle* that requ om the appli g with the mo	neet if ma LOYMI t provide d zip cod nployers uuires a C cant ope ost recent	ore space in ENT HIST the following e. Under whose DDL in intrastrated such vot. Add another the EDL in the EDL in intrastrated such vot. Add another EDL in the EDL	is neede FORY g informat e authority tate or int vehicle. er sheet a	Charge d) ion on all e	employers rated as a commerce shary.) FROM MO. POSITI	during the contract all also	Penalty ne preceding 3 y or leased driver. provide an addit
All driver applicants st complete mailing Applicants must inc Applicants to drive years' information o NOTE: List employer NAME ADDRESS	s to drive i address, s clude the r a comme n those er s in revers	n interstate cor street number, names of DOT- rcial motor vehi mployers for wh se order starting EM	(Attach sh EMP mmerce must city, state and regulated em icle* that requion the appli g with the mod IPLOYER	neet if ma LOYMI t provide d zip cod nployers u uires a C cant ope ost recent	ore space in ENT HIST the following e. Under whose in intrastrated such vit. Add another the ENT of	is neede FORY g informat e authority tate or int vehicle. er sheet a	Charge d) ion on all e	employers rated as a commerce shary.) FROM MO. POSITI	during the contract call also YR. ON HELD	Penalty ne preceding 3 y or leased driver. provide an addit
All driver applicants st complete mailing Applicants must inc Applicants to drive years' information o IOTE: List employer. NAME ADDRESS CITY CONTACT PERSON WERE YOU SUBJECT	s to drive i address, clude the r a commen n those er s in revers	n interstate cor street number, names of DOT- rcial motor vehi mployers for wh se order starting EM	(Attach sh EMP mmerce must city, state and regulated em icle* that requ om the appli g with the mod IPLOYER STATI	LOYMI LOYMI t provide d zip cod aployers u uires a C cant ope ost recent	ore space i ENT HIST the following e. under whose DL in intrast rated such v t. Add anothe ZIP PHONE NUMI	is neede FORY g informat e authority tate or int rehicle. er sheet a	d) ion on all or they opererstate consist necessar	employers rated as a commerce shary.) FROM MO. POSITI	during the contract all also YR. ON HELD Y/WAGE	Penalty ne preceding 3 y or leased driver, provide an addit
All driver applicants st complete mailing Applicants must inc Applicants to drive years' information o NOTE: List employer: NAME ADDRESS CITY CONTACT PERSON WERE YOU SUBJECT WAS YOUR JOB DE	s to drive in address, selude the real comments in those eres in reverse to T TO THE	n interstate corstreet number, names of DOT-rcial motor vehingloyers for white order starting EM	(Attach sh EMP mmerce must city, state and regulated em icle* that requ om the appli g with the mod IPLOYER STATI	teeet if me LOYMI t provide d zip cod aployers u uires a C cant ope ost recent	ore space i ENT HIST the following e. under whose DL in intrast rated such v t. Add anothe ZIP PHONE NUMI ES NO ION IN ANY	is neede FORY g informat e authority tate or int rehicle. er sheet a	d) ion on all or they opererstate consist necessar	employers rated as a commerce shary.) FROM MO. POSITI	during the contract all also YR. ON HELD Y/WAGE	Penalty ne preceding 3 y or leased driver, provide an addit
All driver applicants st complete mailing Applicants must inc Applicants to drive years' information o IOTE: List employer: NAME ADDRESS CITY CONTACT PERSON WERE YOU SUBJECT WAS YOUR JOB DE	s to drive in address, selude the real comments in those eres in reverse to T TO THE	n interstate corstreet number, names of DOT-roial motor vehinployers for whise order starting EM	(Attach sh EMP mmerce must city, state an regulated em icle* that req iom the appli g with the mo IPLOYER STATI	teeet if me LOYMI t provide d zip cod aployers u uires a C cant ope ost recent	ore space i ENT HIST the following e. under whose DL in intrast rated such v t. Add anothe ZIP PHONE NUMI ES NO ION IN ANY	is neede FORY g informat e authority tate or int rehicle. er sheet a	d) ion on all or they opererstate consist necessar	employers rated as a commerce shary.) FROM MO. POSITI	during the contract all also YR. ON HELD YWAGE BJECT	Penalty Penalty Penalty Penalty Penalty Penalty To receding 3 y or leased driver, provide an addity AVING TO THE DRUG A
All driver applicants st complete mailing Applicants must inc Applicants to drive years' information on NOTE: List employers NAME ADDRESS CITY CONTACT PERSON WERE YOU SUBJECT WAS YOUR JOB DE ALCOHOL TESTING	s to drive in address, selude the real comments in those eres in reverse to T TO THE	n interstate corstreet number, names of DOT-roial motor vehinployers for whise order starting EM	(Attach sh EMP mmerce must city, state and regulated em icle* that requ om the appli g with the mod IPLOYER STATI	teeet if me LOYMI t provide d zip cod aployers u uires a C cant ope ost recent	ore space i ENT HIST the following e. under whose DL in intrast rated such v t. Add anothe ZIP PHONE NUMI ES NO ION IN ANY	is neede FORY g informat e authority tate or int rehicle. er sheet a	d) ion on all or they opererstate consist necessar	employers rated as a commerce shary.) FROM MO. POSITI SALAR REASC	during the contract all also YR. ON HELD YWAGE ON FOR LE	Penalty Penalty Penalty Penalty Penalty Penalty Penalty To receding 3 y or leased driver. provide an addity DATE TO MO. YR. AVING DATE TO THE DRUG /
All driver applicants st complete mailing Applicants must inc Applicants to drive years' information of NOTE: List employer NAME ADDRESS CITY CONTACT PERSON WERE YOU SUBJECT WAS YOUR JOB DE ALCOHOL TESTING	s to drive in address, solude the rate on those eras in reverse	n interstate corstreet number, names of DOT-roial motor vehinployers for whise order starting EM	(Attach sh EMP mmerce must city, state an regulated em icle* that req iom the appli g with the mo IPLOYER STATI	teeet if me LOYMI t provide d zip cod aployers u uires a C cant ope ost recent	ore space i ENT HIST the following e. under whose DL in intrast rated such v t. Add anothe ZIP PHONE NUMI ES NO ION IN ANY	is neede FORY g informat e authority tate or int rehicle. er sheet a	d) ion on all or they opererstate consist necessar	employers rated as a commerce shary.) FROM MO. POSITI SALAR REASC	during the contract all also YR. ON HELD YWAGE BJECT	Penalty Penalty Penalty Penalty Penalty Penalty To receding 3 y or leased driver, provide an addity DATE TO MO. YR. AVING
All driver applicants st complete mailing Applicants to drive years' information on NOTE: List employers NAME ADDRESS CITY CONTACT PERSON WERE YOU SUBJECT WAS YOUR JOB DE ALCOHOL TESTING NAME ADDRESS	s to drive in address, solude the rate on those eras in reverse	n interstate corstreet number, names of DOT-roial motor vehinployers for whise order starting EM	(Attach sh EMP mmerce must city, state and regulated em icle* that requ nom the appli g with the mod IPLOYER STATI	eet if me LOYMI t provide d zip cod nployers u uires a C cant ope est recent	ore space in ENT HIST the following e. Under whose in intrast rated such vit. Add another interest in the second such vit. Add another interest in the secon	is neede FORY g informat e authority tate or int rehicle. er sheet a	d) ion on all or they opererstate consist necessar	employers rated as a commerce shary.) FROM MO. POSITI SALAR REASCO FROM MO. POSITI	during the contract all also YR. ON HELD YWAGE ON FOR LE	Penalty Penalty Penalty Penalty Penalty Penalty Penalty To receding 3 y or leased driver. provide an addity DATE TO MO. YR. AVING DATE TO THE DRUG /
All driver applicants st complete mailing Applicants must inc Applicants to drive years' information of IOTE: List employer IOTE: List employer IOTE: CONTACT PERSON WERE YOU SUBJECTIVE ON TACT PERSON WERE YOU SUBJECTIVE ON TACT PERSON WERE YOU SUBJECTIVE SUBJECTIVE IOTE OF IOTE	s to drive in address, solude the rate on those eras in reverse	n interstate corstreet number, names of DOT-roial motor vehinployers for whise order starting EM	(Attach sh EMP mmerce must city, state an regulated em icle* that req iom the appli g with the mo IPLOYER STATI	teeet if me LOYMI t provide d zip cod aployers u uires a C cant ope ast recent	ore space i ENT HIST the following e. under whose DL in intrast rated such v t. Add anothe ZIP PHONE NUMI ES NO ION IN ANY	is neede FORY g informat e authority tate or int vehicle. er sheet a	d) ion on all or they opererstate consist necessar	employers rated as a commerce shary.) FROM MO. POSITI SALAR REASC MODE SU FROM MO. POSITI SALAR	during the contract all also also also also also also also	Penalty Pen

ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO	- 1

EMPLOYME	:NT HI	STORY (continued)					
EMPLOYER					DA	TE	
AME				FROM MO.	YR.	TO MO.	YR.
DDRESS				POSITION			
STATE		ZIP		SALARY/V	VAGE		
ONTACT PERSON	Pl	HONE NUMBER		REASON F	FOR LEAVIN	NG	
/ERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED	? 🗆 YE	S □NO					
VAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE LCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			ED MOD	E SUBJ	ECT TO	THE DF	RUG ANI
EMPLOYER					DA	TE	
AME				FROM		ТО	

	EMPLOYER					
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS	POSITIO	N HELD				
CITY						
CONTACT PERSON	PHONE NUMBER		REASON	FOR LEAVI	NG	
WERE YOU SUBJECT TO THE FMO	CSRs [†] WHILE EMPLOYED? ☐ YES ☐ NO					
	S A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATINTS OF 49 CFR PART 40? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	ED MOD	E SUB	JECT TO	THE D	RUG AND

^{*}Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work _

Job Function

	Indicate training and	Formal Training	Years of		Formal Training	Years of
L	experience in the following:	(Check)	Experience	Area	(Check)	Experience
	Drive Line Components			Body Work		
	Diesel Engine			Electrical		
Л	Diagnostics and Rebuild			Repair		
,	Gas Engine			Frame and		
	Diagnostics and Rebuild			Wheel Alignment		
	Tire Service			Brakes		
	Trailer Repair			Cooling System		
	Air Conditioning (Cab)			Inspections (State/Federal)		
	Refrigeration (Cargo)			General Car Repair		

Shop Equipment

Indicate training and	Formal Training	Years of		Formal Training	Years of
experience in the following:	(Check)	Experience	Area	(Check)	Experience
			Tire Servicing		
Diagnostic			Wheel & Tire		
Equipment (Type(s))			Balancing Machine		
Sheet Metal Equipment			Tire Recapping		
Frame & Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Emissions/ Smoke Testing		
Air Conditioning (Cab)		-	Inspections (State/Federal)		
Refrigeration (Cargo)			General Car Repair		
ASE Certification(s) (Specif	fy)		•		

[†]The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.