



10879 Houser Drive, Fredericksburg, VA 22408  
540-898-8933 Fax: 540-891-8057

6201 Mallard Road, Woodford, VA

### APPLICATION FOR EMPLOYMENT

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 or the presence of a non-job related medical condition or handicap.

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Are you a U.S. Citizen:    Y                    N                    (must supply proof if hired)

In case of emergency, notify: \_\_\_\_\_

    Phone Number(s): \_\_\_\_\_

    Relationship: \_\_\_\_\_

Have you worked for this company before:    Y                    N

Are you currently employed:    Y                    N

    For whom: \_\_\_\_\_

Position applying for: \_\_\_\_\_

    Rate of pay expecting: \_\_\_\_\_

List ANY restrictions that prevent you from performing any type of work:

\_\_\_\_\_

As a requirement of employment, you will be required to pass a drug test prior to starting work for your job.

All applicants must provide the following information on all employers during the past 3 years.

Current Employer: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Position: \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Reason to leave: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Position: \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Position: \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Position: \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Please indicate your highest level of education.

High School - Did you graduate      Y              N

Name of School: \_\_\_\_\_

College or Technical School - Did you graduate      Y              N

Name of School: \_\_\_\_\_

Degree: \_\_\_\_\_

Are you ASE or equivalent certified      Y              N

Do you have your own tools      Y              N

List any specialty tools you will bring with you:

\_\_\_\_\_  
\_\_\_\_\_

Please list any strengths you will bring to us as an employee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are applying for and are hired to drive a company owned vehicle,

**you will be required to supply your own driving record that is no older than 3 months old from the date of this application. It must then be acceptable to our insurance carrier prior to employment.**

**Do you have a valid CDL license      Y                  N**

**Class of license: \_\_\_\_\_**

**Please list your driving experience for previous employers with the type of vehicle driven.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever been denied a license, permit or the privilege to operate a motor vehicle by the DMV or a past employer      Y                  N**

**Please explain why: \_\_\_\_\_**  
\_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

**This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. 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. I hereby release past employers, schools or persons from all liability in responding to inquiries in connection with my application. In the event I am hired, I understand that false or misleading information given in my application and/or interview may result in immediate discharge.**

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

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

The following questionnaire is to be completed to help us assess your employment potential with Liberty Equipment Repair, Inc. Please circle the Y or N for each question that best identifies your current abilities.

- Y    N    Use a volt / ohm meter
- Y    N    Diagnose and repair charging systems
- Y    N    Diagnose and repair cranking systems
- Y    N    Diagnose and repair lighting systems
- Y    N    Diagnose and repair air brake systems
- Y    N    Diagnose and repair electric brake systems
- Y    N    Diagnose and repair hydraulic brake systems
- Y    N    Diagnose and repair anti-lock brake systems
- Y    N    Perform Virginia State Inspections
- Y    N    Perform DOT Inspections
- Y    N    Understand the theory & operation of 4 cycle diesel engines
- Y    N    Perform routine maintenance on diesel engines
- Y    N    Perform tune up procedures on diesel engines
- Y    N    Perform overhaul procedures on diesel engines
- Y    N    Remove and install transmissions
- Y    N    Overhaul and/or repair transmissions
- Y    N    Perform clutch adjustments, repairs and installations
- Y    N    Remove and install differentials
- Y    N    Overhaul and/or repair differentials
- Y    N    Perform electronic diagnostics  
Manufacturer(s) \_\_\_\_\_
- Y    N    Diagnose and repair hydraulic systems
- Y    N    Do you weld  
Identify type: \_\_\_\_\_

- Y    N    **Are you a certified welder**
- Y    N    **Repair and replace equipment undercarriages**
- Y    N    **Have you operated a service truck with crane on a jobsite**
- Y    N    **Are you certified to operate a forklift**
- Y    N    **Diagnose and repair propane engines**
- Y    N    **Do you have any safety training  
Certifications: \_\_\_\_\_**
- Y    N    **Diagnose and repair A/C systems**
- Y    N    **Are you A/C certified**

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