

Application for Employment — Heavy-Duty Mechanic

J&L Transportation Inc is an Equal Opportunity Employer. This position performs inspection, maintenance, and repair on commercial motor vehicles and is subject to certain qualification standards under the Federal Motor Carrier Safety Regulations (49 CFR Parts 396 and, where the role includes road-testing or moving CMVs on public roads, Parts 383, 391, and 382).

INSTRUCTIONS TO APPLICANT

Please answer every question completely, including the technical qualifications sections. If a question does not apply to you, write "N/A." An incomplete application may delay consideration.

COMPANY & POSITION INFORMATION

Company Name

J&L Transportation Inc

Date of This Application

Position Applied For

Heavy-Duty Mechanic

Desired Pay Rate

Date Available to Start

Shift preference:

Day ☐

Night ☐

Swing/Rotating ☐

On-Call ☐

APPLICANT — PERSONAL INFORMATION

First Name

Middle Name

Last Name

Phone Number

Email Address

Street Address

City

State

ZIP Code

EMPLOYMENT ELIGIBILITY

Are you legally authorized to work in the United States?

Yes ☐ No ☐

Are you at least 18 years of age?

Yes ☐ No ☐

Have you ever been employed by J&L Transportation Inc before?

Yes ☐ No ☐

Have you ever been convicted of a felony? (A conviction will not automatically disqualify you from employment.)

Yes ☐ No ☐

If you answered "Yes" to the felony question, please explain below.

EDUCATION & TECHNICAL TRAINING

Level	School / Program Name & Location	Years Attended	Diploma / Certificate	Field of Study
High School				
Trade / Tech School				
College / Other				

PHYSICAL REQUIREMENTS ACKNOWLEDGMENT

This position regularly requires the following. Please review and acknowledge.

- Lifting/carrying up to 75 lbs.; occasionally more with mechanical assistance
- Standing, bending, kneeling, and crawling for extended periods, including under vehicles and in pits/lifts
- Working with hand and power tools, and exposure to noise, grease, fuel, and chemical fumes
- Working outdoors and in unheated/uncooled shop conditions as needed
- Wearing required personal protective equipment (PPE) at all times in the shop

I acknowledge the physical requirements above and can perform them, with or without reasonable accommodation.

Yes ☐ No ☐

TOOLS

Do you own a mechanic's tool set sufficient for heavy-duty/diesel truck repair? Yes ☐ No ☐

Notable Tools / Diagnostic Equipment Owned (scan tools, torque wrenches, etc.)

Please list your most recent employers, starting with your current or most recent position, including any prior fleet, dealership, or independent shop experience. Attach a separate sheet if you need more space.

EMPLOYER 1

From (Mo/Yr)	To (Mo/Yr or Present)	Employer Name
Employer Address (Street, City, State, ZIP)	Employer Phone	Position / Title
Supervisor Name	Equipment Worked On	Shop Type (Fleet, Dealer, Indep.)
Reason for Leaving	May we contact this employer?	
	Yes ☐ No ☐	

EMPLOYER 2

From (Mo/Yr)	To (Mo/Yr or Present)	Employer Name
Employer Address (Street, City, State, ZIP)	Employer Phone	Position / Title
Supervisor Name	Equipment Worked On	Shop Type (Fleet, Dealer, Indep.)
Reason for Leaving	May we contact this employer?	
	Yes ☐ No ☐	

EMPLOYER 3

From (Mo/Yr)	To (Mo/Yr or Present)	Employer Name
Employer Address (Street, City, State, ZIP)	Employer Phone	Position / Title
Supervisor Name	Equipment Worked On	Shop Type (Fleet, Dealer, Indep.)
Reason for Leaving	May we contact this employer?	
	Yes ☐ No ☐	

EMPLOYER 4

From (Mo/Yr)

To (Mo/Yr or Present)

Employer Name

Employer Address (Street, City, State, ZIP)

Employer Phone

Position / Title

Supervisor Name

Equipment Worked On

Shop Type (Fleet, Dealer, Indep.)

Reason for Leaving

May we contact this employer?

Yes ☐ No ☐**EMPLOYER 5**

From (Mo/Yr)

To (Mo/Yr or Present)

Employer Name

Employer Address (Street, City, State, ZIP)

Employer Phone

Position / Title

Supervisor Name

Equipment Worked On

Shop Type (Fleet, Dealer, Indep.)

Reason for Leaving

May we contact this employer?

Yes ☐ No ☐

EXPERIENCE SUMMARY

Years of Heavy-Duty/Diesel Experience

Years at Current/Last Shop

CDL Held? (see Section 5)

Systems/Components You Are Experienced With (engines, air brakes, electrical, HVAC, hydraulics, drivetrain, etc.)

ASE CERTIFICATIONS HELD

Check all that apply and provide certification number(s) and expiration below.

T2 Diesel Engines

☐

T4 Brakes

☐

T5 Suspension & Steering

☐

T6 Electrical/Electronic

☐

T7 HVAC

☐

T8 Preventive Maint.

☐

Master Medium/Heavy Truck Tech

☐

Other

☐

ASE Certification Number(s)

Expiration Date

OTHER LICENSES & CERTIFICATIONS

EPA Section 609 (A/C Refrigerant)

☐

OSHA 10-Hour

☐

OSHA 30-Hour

☐

Welding Certification

☐

Forklift Operator

☐

Manufacturer-Specific Training

☐

Details (issuing body, certificate #, expiration)

Federal law (49 CFR § 396.25) requires that anyone who inspects, maintains, services, or repairs brakes on our commercial motor vehicles be “qualified.” This section documents how you meet that requirement — the company is required to retain this documentation in your qualification file.

HOW ARE YOU QUALIFIED? (CHECK THE ONE THAT APPLIES)

- ☐ A. Certified Brake Inspector — I currently hold a valid brake inspector certification issued by a State, Canadian province, U.S. or Canadian federal agency, or a certifying body recognized by FMCSA (e.g., ASE T4).

Certifying Body

Certificate # / Expiration

- ☐ B. Graduate of a Brake Training Program — I am a graduate of a State- or federally-approved brake inspector, mechanic, or repairer training program.

Program / School Name

Completion Date

- ☐ C. On-the-Job Training & Experience — I have brake-related training and/or experience that qualifies me to perform the brake inspection, maintenance, service, and/or repair functions assigned to me, even without a formal certification or training-program certificate.

Describe Your Brake-Related Training and/or Experience (employers, duration, tasks performed)

Years of Brake-Related Experience

SCOPE OF BRAKE WORK YOU ARE QUALIFIED TO PERFORM

Check all that apply.

Brake Inspection

☐

Air Brake Adjustment

☐

Brake Component Replacement (shoes, pads, drums, rotors)

☐

Brake System Repair (chambers, slack adjusters, valves)

☐

Air Brake System Diagnostics

☐

ABS/Electronic Brake Systems

☐

I certify that the qualification information provided above is true and accurate.

Applicant's Signature

Date

For Office Use: Supervisor will review the above and attach copies of certifications, training records, or a documented evaluation of on-the-job qualification to this application before the employee is authorized to perform brake work, per 49 CFR § 396.25(b).

This position may require road-testing or moving commercial motor vehicles on public roads. When it does, federal law requires a valid CDL, a current DOT medical certificate, and participation in the FMCSA drug & alcohol testing program (49 CFR Parts 383, 391, and 382).

DRIVER'S LICENSE

State	License Number	Class (A/B/C)	Endorsements	Expiration Date

DOT MEDICAL CERTIFICATION

DOT Medical Examiner's Certificate Expiration	Issuing Medical Examiner / Registry #

LICENSING HISTORY — REQUIRED DISCLOSURES

- 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 tested positive for, or refused, a DOT pre-employment drug or alcohol test in the past two years, with an employer who did not hire you as a result? Yes ☐ No ☐

If you answered "Yes" to any question above, explain in detail below.

I understand road-testing/moving CMVs on public roads makes me subject to DOT drug & alcohol testing (see attached Clearinghouse Consent and Drug & Alcohol Test Statement).

Applicant's Signature	Date

PROFESSIONAL REFERENCES

List three professional references, other than relatives or previous supervisors already listed above.

Name	Relationship	Company	Phone / Email

CERTIFICATION

I certify that the information provided in this application (including the technical qualifications and brake inspector qualification sections) is true and complete to the best of my knowledge. I understand that any false or misleading information may result in rejection of my application or, if discovered later, termination of employment.

I authorize J&L Transportation Inc to verify the information provided, including contacting the references and employers listed above and confirming any certifications claimed, and I release all parties from liability for providing such information in good faith.

I understand that this application does not constitute an offer of employment, and that if hired, my employment is at-will and may be terminated by either party at any time, with or without cause or notice, except as otherwise required by law.

Applicant's Signature

Date

FOR OFFICE USE ONLY

Interviewed By

Date

Shop/Dept.

Brake Qualification Documentation Verified/Attached (Y/N, by whom)

DISCLOSURE AND RELEASE

In connection with my application for employment with J&L Transportation Inc, I understand that a consumer report and/or investigative consumer report, which may contain public record information, may be requested from a consumer reporting agency. These reports may include information such as: names and dates of previous employers, reasons for termination of employment, work experience, education, and professional licenses or certifications held.

I further understand that, because this position may require operating commercial motor vehicles, such reports may also contain information concerning my driving record, in addition to my credit history, criminal records, and civil court records, from federal, state, and other agencies that maintain such records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right, upon proper identification, to request the nature and substance of all information in the reporting agency's files on me, including the sources of information and the recipients of any reports on me furnished within the two-year period preceding my request.

I hereby authorize procurement of a consumer report and/or investigative consumer report. If hired, this authorization shall remain on file and shall serve as ongoing authorization to procure such reports at any time during my employment, to the extent permitted by applicable law.

Print Name

Date of Birth

Today's Date

Applicant's Signature

Date

NOTICE TO DRIVER

The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated FMCSA's drug or alcohol regulations in 49 CFR Part 382. Because this position may require operating a CMV, the company must check the Clearinghouse for information about you, both at the time of hire and annually thereafter. Before requesting either a "limited" or "full" query, the company must have your written authorization, per § 382.701(b); this authorization may remain valid for more than one year. If a limited query reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the company to obtain your full Clearinghouse record.

AUTHORIZATION

I, , hereby authorize **J&L Transportation Inc**
(Employee's printed name) *(Name of motor carrier)*

to conduct limited annual queries of FMCSA's Drug & Alcohol Clearinghouse, to determine whether a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named company ceases, or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for that company.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the company to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Employee's Signature

Date

APPLICANT STATEMENT

Applicant's Name (Printed)

In accordance with 49 CFR 40.25(j), the applicant must respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for — but did not obtain — safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules, during the past two years?

Check one: Yes ☐ No ☐

2. If you answered yes, can you provide / obtain proof that you have successfully completed the DOT return-to-duty requirements?

Check one: Yes ☐ No ☐ Not Applicable ☐

I certify that the information provided on this document is true and correct.

Applicant's Signature

Date

Witnessed By (Print Name)

Date

Witness Signature