



**CITY OF MILFORD
HUMAN RESOURCES DEPARTMENT
OPEN COMPETITIVE EXAMINATION**

TO: Civil Service Employees
FROM: Tania R. Barnes, Human Resources Director
SUBJECT: Job Opening
DATE: December 29, 2017

NOTICE TO ALL APPLICANTS:

This opening is available to all City employees and the general public.

POSITION: AUTOMOTIVE MECHANIC* – Garage Division, Public Works Department

REQUIREMENT(S): Graduation from high school or trade school or completion of apprentice training and five (5) years of progressively responsible experience in all phases of auto mechanics including trucks and heavy equipment vehicles. At time of application, possession of a valid State of Connecticut Motor Vehicle Driver's License. Ability to obtain a valid State of Connecticut Commercial Driver's License (CDL), Class A or B without manual transmission and/or airbrake restrictions within 120 days of employment and at the candidates own expense.

SCOPE OF EXAMINATION: Applicants who meet the requirements as stated above will be invited to participate in a written examination, weighted 50%. Those who receive a score of 70% or better on the written exam will then be scored on the answers provided on Application Supplement #17-09 and weighted 50%. Candidates must achieve a total overall score of 70% or better to be referred to the appointing authority.

FILING REQUIREMENTS: A completed *Application for Employment* and *Application Supplement #17-09* must be submitted to the Human Resources Department, Parsons Office Complex, on or before January 19, 2018.

SALARY RANGE: The position is a Grade 4 with hourly salary limits as follows:

Minimum.....	\$23.35
Step 1.....	23.96
Step 2.....	24.59
Step 3.....	25.22
Step 4.....	25.77
Step 5.....	26.46
Maximum	26.96

*Job description pending revisions. Applicants will be advised of and subject to any changes.

JOB DESCRIPTION REVISIONS PENDING UNION APPROVAL

AUTOMOTIVE MECHANIC

GENERAL SUMMARY OF DUTIES

Under the general supervision of the Garage Foreman or designee, performs skilled mechanical work of the journeyman level in the diagnosis, repair and maintenance of light duty automotive, medium and heavy duty vehicles and related equipment. Assignments arise in the form of oral instruction or general written work orders setting forth a complaint with respect to the operating conditions of a piece of equipment, but the employee uses independence and judgment as to method of repair. A supervisor may inspect work in process and may test the running condition of equipment after work is completed. Supplies own tools.

ESSENTIAL FUNCTIONS

(The essential functions or duties listed below are intended only as illustrations of the various types of work that may be performed. Work that is similar, related or logically associated with the Position may also be assigned.)

- Diagnoses, repairs and installs engines, transmissions, other related drive-train components; hydraulic systems; air brakesystems; tires and wheels; and electrical systems.
- Uses welders and brazing to make repairs. Uses gas cutting torches and plasma cutter.
- Diagnoses and repairs small gasoline and two-stroke engines.
- Conducts road tests to locate defects in equipment operation and as a check on repair work before the return of equipment to active service; utilizes a variety of common automotive and mechanical testing devices.
- Performs routine maintenance work to include, but not limited to, checking tires, batteries, spark plugs, oil, gasoline, anti-freeze and similar lubrication and parts; takes corrective action.
- Reads and interprets vehicle service/parts/maintenance manuals, both on-line and hardcopy.
- Uses diagnostic equipment in performing duties.
- Performs safety inspections to insure that equipment complies with Federal Motor Vehicle Safety Regulations.
- Completes repair orders to document work performed on vehicles and equipment.
- Performs metal fabrication as required to repair vehicles and equipment.
- Performs minor body repairs as required.
- Fabricate and build parts or tools as required. Build or modify equipment for use as required.
- Wears personal protective equipment as required.
- Performs related work as required.

REQUIRED KNOWLEDGES, SKILLS AND ABILITIES

- Comprehensive knowledge of practices and procedures of the automotive trade including safety precautions.
- Working knowledge of heavy equipment operation.
- Comprehensive understanding of safety practices and compliance thereof.
- Comprehensive understanding of hydraulic systems and ability to diagnose and repair hydraulic equipment.
- Comprehensive understanding of tools and equipment utilized in the automotive trade.
- Comprehensive understanding of the proper diagnostic approach to troubleshooting all vehicle/equipment systems.
- Comprehensive understanding of electrical system diagnosis and proper repair procedures.
- Working knowledge of automotive body repair.

JOB DESCRIPTION REVISIONS PENDING UNION APPROVAL

AUTOMOTIVE MECHANIC

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REQUIRED KNOWLEDGES, SKILLS AND ABILITIES (cont'd)

- Comprehensive understanding of the operation of gasoline and diesel engines, transmissions and of mechanical repair methods applicable to heavy trucks and construction equipment.
- Comprehensive understanding in advanced diagnostics and troubleshooting of all vehicle/equipment systems.
- Ability to utilize computer programs to maintain records and perform data entry.
- Skilled in the use and care of tools used in automotive repair work.
- Ability to understand and carry out oral and written instructions.

MINIMUM QUALIFICATIONS REQUIRED

- Graduation from high school or trade school or completion of apprentice training; and
- Five (5) years of progressively responsible experience in all phases of auto mechanics, including trucks and heavy equipment vehicles.
- At time of application, possession of a valid State of Connecticut motor vehicle driver's license with a good driving history.
- **Special Requirement** - Must be able to obtain a valid State of Connecticut commercial driver's license (CDL), class A or B, without manual transmission and/or airbrake restrictions within 120 days of employment and at the candidate's own expense.

JOB ENVIRONMENT

While performing the duties of this job, the employee is frequently exposed to fumes or airborne particles, moving mechanical parts and vibration. The employee is occasionally exposed to a variety of extreme conditions. The noise level in the work environment can be loud.

PHYSICAL REQUIREMENTS

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. While performing the duties of this job, the employee is regularly required to talk and hear and see. This position is very active and requires standing, walking, bending, kneeling, stooping, crouching, crawling, and climbing all day. The employee must frequently lift and/or move items up to 60 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception and ability to adjust focus.

Civil Service Commission
City of Milford, CT
Retyped: 3-2006
Revised May 2014
Revised January 2018



Human Resources Department
City of Milford
70 West River Street
Milford, CT 06460
(203) 783-3239

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Position applying for
(use title on job announcement)

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK.
All blanks must be completed in order for application to be considered.

DO NOT WRITE IN THIS SPACE

☐ Q Rev. by: _____
☐ NQ _____
☐ Educ _____
☐ Exp _____
☐ Not City EE _____
☐ Other _____

PERSONAL INFORMATION

Last Name		First Name	M.I.	Other names by which you have been known		000- - Last 6 digits of Soc. Sec. No.			
Present Address:		No. and Street			City	State	Zip Code	How long at this address?	Years/Months
Mailing address (if different from residence address)		No. and Street			City	State	Zip Code		
Home Telephone		Cellular		Email					
In case of emergency, notify:									
Name		Relationship		Telephone Number					
Are you legally eligible for employment in the USA? Yes <input type="checkbox"/> No <input type="checkbox"/> If hired, you will be required to submit proof of eligibility to work in the USA.									
Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>									
Have you previously applied for employment with the City of Milford? If yes, when and for which position(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>									
Year(s) applied		Position(s) applied for							
Have you previously been employed by the City of Milford? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete the following information:									
Job Title/Department		From		To					
List any relatives or members of your household who are employed by the City of Milford:									
Name(s)		Job Title		Department					
Do you claim 5 points preference based on active duty in the U.S. Armed Forces? Yes No Attach copy of DD214.									
Do you claim 10 points veteran's disability preference? Yes No Attach copy of DD214 & other supporting documentation.									

GENERAL INFORMATION

What date are you available to begin work? _____

Do you have any commitments to another employer that might affect your employment with the City of Milford? Yes No

If yes, specify commitment(s): _____

Note to Applicant: DO NOT ANSWER THE FOLLOWING QUESTION UNTIL YOU HAVE READ A COPY OF THE JOB DESCRIPTION EXPLAINING THE ESSENTIAL DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING.

Is there anything that would prevent you from performing the essential functions of the position for which you have applied? Yes No

PERSONAL INFORMATION

High school attended:

Name of School(s)	City/State	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Colleges/Universities attended:

Name of Educational Institution	City/State	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Dates attended	Degree, diploma, GED, certification or number of credits completed.

EMPLOYMENT HISTORY

List below **ALL** present and past employment. **BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND WORK BACKWARDS CONSECUTIVELY.** Applicants may be required to furnish satisfactory proof of employment history claimed. Use additional pages if necessary. Resumes may be required for certain positions. If applicable, include resume with **completed application**.

Have you ever been discharged or asked to resign? ☐ Yes ☐ No
If yes, please explain: _____

Employer _____	FROM		TO		TOTAL TIME	
Address _____	Month	Year	Month	Year	YEARS	MONTHS
Telephone Number _____						
Your job title _____	Hours per week _____					
Supervisor's Name _____ Title: _____	Starting Salary		\$ _____	per	_____	
Reason for leaving position _____	Ending Salary		\$ _____	per	_____	
Describe Work Performed: _____						
Number of Employees Supervised (if applicable) _____						

Employer _____	FROM		TO		TOTAL TIME	
Address _____	Month	Year	Month	Year	YEARS	MONTHS
Telephone Number _____						
Your job title _____	Hours per week _____					
Supervisor's Name _____ Title: _____	Starting Salary		\$ _____	per	_____	
Reason for leaving position _____	Ending Salary		\$ _____	per	_____	
Describe Work Performed: _____						
Number of Employees Supervised (if applicable) _____						

Employer _____	FROM		TO		TOTAL TIME	
Address _____	Month	Year	Month	Year	YEARS	MONTHS
Telephone Number _____						
Your job title _____	Hours per week _____					
Supervisor's Name _____ Title: _____	Starting Salary		\$ _____	per	_____	
Reason for leaving position _____	Ending Salary		\$ _____	per	_____	
Describe Work Performed: _____						
Number of Employees Supervised (if applicable) _____						

EMPLOYMENT HISTORY (continued)

Employer _____	FROM		TO		TOTAL TIME	
Address _____	Month	Year	Month	Year	YEARS	MONTHS
Telephone Number _____						
Your job title _____	Hours per week _____					
Supervisor's Name _____ Title: _____	Starting Salary		\$ _____		per _____	
Reason for leaving position _____	Ending Salary		\$ _____		per _____	
Describe Work Performed: _____						
Number of Employees Supervised (if applicable) _____						

Employer _____	FROM		TO		TOTAL TIME	
Address _____	Month	Year	Month	Year	YEARS	MONTHS
Telephone Number _____						
Your job title _____	Hours per week _____					
Supervisor's Name _____ Title: _____	Starting Salary		\$ _____		per _____	
Reason for leaving position _____	Ending Salary		\$ _____		per _____	
Describe Work Performed: _____						
Number of Employees Supervised (if applicable) _____						

ONLY COMPLETE THE SECTIONS BELOW IF THEY ARE RELEVANT TO THE POSITION YOU HAVE APPLIED

SPECIAL SKILLS/TRAINING

Typing speed: _____ words per minute

Business machines (other than computers) you are able to operate: _____

What computer experience do you have? ☐ Apple ☐ PC

Your skill level in Word can best be described as: _____

Your skill level in Excel can best be described as: _____

Your skill level in Outlook can best be described as: _____

Your skill level in PowerPoint can best be described as: _____

Your skill level in Access can best be described as: _____

Your skill level in Acrobat can best be described as: _____

Your skill level in Publisher can best be described as: _____

Describe any other software and level of skill or any other applicable abilities: _____

SPECIAL SKILLS - FIELD

Light Equipment:

What best describes your skill level operating a payloader? _____

What best describes your skill level operating a backhoe? _____

What best describes your skill level operating a small tractor? _____

Heavy Equipment:

What best describes your skill level operating a grader? _____

What best describes your skill level operating a Cat 225 excavator? _____

What best describes your skill level operating a bulldozer? _____

Snowplowing:

Describe any experience you may have had snowplowing. Include the size of the plow(s) you have driven, number of months/years of snow plowing experience and type of area(s) plowed (roads, driveways, parking lots): _____

OTHER TRAINING, SKILLS, AND/OR LICENSES

Please list/describe any specialized training, apprenticeship, certifications, licenses, skills, special skills and qualifications related to the job for which you are applying, such as machines you are able to operate, languages you speak and read or write well, computer skills besides those mentioned in the previous page, and any other special abilities or knowledge. Give name and location where training was given, dates attended, subject of training, total number of training hours, and other details.

List professional, trade, business or civic activities and offices held: *(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)*

DRIVER'S LICENSE: If the position for which you are applying will require you to operate a vehicle:

- (1) You must possess a valid driver's license;
- (2) Any special endorsements must be current and valid;
- (3) If you are offered employment by the City of Milford, and if your driver's license is from another state, you may be required as a condition of employment to obtain a valid Connecticut Driver's License before you can begin work.

Do you have a valid driver's license: Yes ☐ No ☐ State _____
Expiration Date _____ Classification _____ License # _____

FINALISTS MAY BE REQUIRED, UPON NOTIFICATION, TO SUBMIT A COPY OF THEIR DRIVING ABSTRACT. Note: Driving abstracts may be obtained at any Connecticut Department of Motor Vehicles office. This fee is at the finalist's expense.

PROFESSIONAL REFERENCES

List three professional or business references who are not your relatives or employees of the City of Milford. State the nature of the relationship (i.e., co-worker, supervisor, associate, customer).

Name	Address	Phone	Relationship	Years Known

IMPORTANT: Read each of the following sections carefully and completely. If you do not understand any portion of the statements that follow, ask for clarification. Your signature indicates that you have read and understand each of the provisions listed and that you agree to abide by the conditions stated therein.

NOTICE TO PERSONS WITH DISABILITIES: Testing arrangements to accommodate persons with disabilities will be made upon request of the applicant. If accommodation is requested, the applicant will be required to state what accommodation is needed.

PRE-EMPLOYMENT MEDICAL EXAMINATION: Applicants selected for employment may be required to pass a medical examination given by a physician designated by the City of Milford.

PROBATIONARY PERIOD: Employees serve a probationary period as determined by City policy or by any applicable collective bargaining agreement. Termination of employment during the probationary period may be with or without cause and is not subject to any appeal process or grievance procedure of any applicable collective bargaining agreement.

DRUG POLICY: It is the policy of the City of Milford to maintain a drug free workplace. Employees who are observed in possession of or using controlled substances (drugs) will be terminated and may have criminal actions filed against them. Employees in certain positions are subject to Federal laws requiring pre-employment, post-accident, and random drug testing.

UPON EMPLOYMENT, YOU WILL BE REQUIRED TO PROVIDE YOUR SOCIAL SECURITY NUMBER.

PRE-EMPLOYMENT STATEMENT

AGREEMENT: I CERTIFY THAT ALL STATEMENTS MADE ON OR IN CONNECTION WITH THIS APPLICATION ARE TRUE, ACCURATE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT INCOMPLETE, FALSE, INACCURATE, OR MISLEADING INFORMATION GIVEN IN MY APPLICATION, INTERVIEW(S) OR DURING THE COURSE OF MY EMPLOYMENT MAY RESULT IN THE REJECTION OF THIS APPLICATION OR WITHDRAWAL OF A JOB OFFER. FURTHER, FALSE INFORMATION PROVIDED, WHETHER WILLINGLY OR ACCIDENTALLY, MAY RESULT IN DISCIPLINE OR IMMEDIATE DISMISSAL IF EMPLOYED, WHENEVER THE OMISSION OR FALSEHOOD IS DISCOVERED.

I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT NOR IS IT A GUARANTEE OR INDICATION OF EMPLOYMENT. I ALSO UNDERSTAND THAT SHOULD I BE GRANTED AN INTERVIEW, THE REPRESENTATIONS THAT MAY BE MADE AT THE INTERVIEW ARE NOT TO BE CONSTRUED AS CREATING ANY OBLIGATION, PROMISE OR CONTRACT ON BEHALF OF THE CITY OF MILFORD. SHOULD I BE EMPLOYED BY THE CITY, IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO ABIDE BY ALL THE RULES, POLICIES AND REGULATIONS OF THE CITY OF MILFORD, AS THEY MAY FROM TIME TO TIME BE IMPLEMENTED OR REVISED. IDENTIFICATION AND VERIFICATION OF ELIGIBILITY TO WORK IN THE UNITED STATES MUST BE SATISFIED FOR EMPLOYMENT.

I FURTHER UNDERSTAND THAT IN CONSIDERATION FOR EMPLOYMENT, AN INVESTIGATIVE BACKGROUND REPORT MAY BE PREPARED AT THE REQUEST OF THE CITY OF MILFORD, WHEREBY INFORMATION MAY BE OBTAINED FROM MY EMPLOYERS (PRESENT OR FORMER), EDUCATIONAL INSTITUTIONS, ALL BRANCHES OF THE U.S. MILITARY SERVICE, AND PUBLIC RECORDS MAINTAINED BY GOVERNMENT AGENCIES OR OTHERS, INCLUDING BUT NOT LIMITED TO CRIMINAL CONVICTION REPORTS, CREDIT REPORTS, ETC. I AUTHORIZE THE CITY OF MILFORD AND ITS DESIGNATED REPRESENTATIVE(S) TO PERFORM THIS INVESTIGATION, AND FURTHER AUTHORIZE PRESENT AND FORMER EMPLOYERS, REFERENCES AND OTHER PERSONS TO PROVIDE INFORMATION FOR THE INVESTIGATION. I ALSO AUTHORIZE THE CITY OF MILFORD TO RECEIVE CRIMINAL CONVICTION RECORDS PERTAINING TO ME, WHICH MAY BE IN THE FILES OF ANY CRIMINAL JUSTICE AGENCY

I UNDERSTAND THAT ACCEPTANCE FOR EMPLOYMENT SHALL DEPEND ON SATISFACTORY REPLIES FROM MY REFERENCES AND OTHER BACKGROUND CHECKS. ANY OFFER OF EMPLOYMENT MAY BE CONTINGENT UPON PASSING A DRUG TEST AND MEDICAL EXAMINATION. I AUTHORIZE MEDICAL PROVIDER(S) TO RELEASE ANY/ALL MEDICAL INFORMATION TO THE CITY PURSUANT TO ITS PRE-EMPLOYMENT PHYSICAL AND DRUG SCREEN PROCEDURES IN ACCORDANCE WITH HIPAA.

RELEASE: I HEREBY RELEASE AND HOLD HARMLESS ANY PERSON, CORPORATION, COMPANY FROM ANY AND ALL POSSIBLE DAMAGES, DIRECT OR CONSEQUENTIAL, IMMEDIATE OR REMOTE, OF ALL FORMS OR TYPES, THAT I MAY SUSTAIN OR ALLEGE TO SUSTAIN BY VIRTUE OF THAT PERSON, CORPORATION, COMPANY OR OTHER ENTITY COMPLYING WITH MY REQUEST TO FULLY AND COMPLETELY COMPLY WITH THE INVESTIGATION, INQUIRY OR INTERESTS OF THE CITY OF MILFORD, TO WHOM I HAVE MADE AN APPLICATION OF EMPLOYMENT AND IS THE BEARER OF THIS AUTHORIZATION.

SIGNATURE of APPLICANT

DATE



INVITATION TO SELF-IDENTIFY

City of Milford

Position applying for
(use the title that appears on the job announcement)

SECTION 1: CANDIDATE INFORMATION

It is the policy of the City of Milford to recruit, hire, and promote qualified people in all job classifications regardless of age, race, gender, color, religion, creed, national origin, marital or veteran status, sexual orientation, gender identity or expression, disability or any other legally protected status, unless they are bona-fide occupational qualifications.

The following information is needed for compliance with governmental reporting requirements. While completion of this section is voluntary, all applicants are strongly urged to complete this as part of the pre-employment process. Applicants so choosing, may identify on the form that they have chosen not to provide the City of Milford with the requested information by checking the appropriate box in Section 4. This information will not affect in any way your employment opportunities. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

SECTION 2: GENERAL INFORMATION

Name _____ Date _____

Social Security Number 000 _____ (Last six digits ONLY)

SECTION 3: STATISTICAL INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTION:

What is your race/ethnicity? (Please mark the ONE BOX that describes the race/ethnicity category with which you primarily identify.)

Race/Ethnic Identification

- ☐ American Indian or Alaska Native (Not Hispanic or Latino) All persons having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ Asian (Not Hispanic or Latino) All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam.
- ☐ Black or African American (Not Hispanic or Latino) All persons having origins in any of the black racial groups of Africa.
- ☐ Hispanic or Latino All persons of Cuban, Mexican, Puerto Rican, Central or South America, or other Spanish culture or origin, regardless of race.
- ☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or Pacific Islands.
- ☐ White (Not of Hispanic or Latino origin.) All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ Two or more races A person who primarily identifies with two or more of the above race/ethnicity categories.

Gender ☐ Male ☐ Female

SECTION 4: NON-PARTICIPATION

Please check box if applicable

I have read the above statement and have chosen not to complete this form. ☐

SECTION 5: RECRUITING INFORMATION

How did you hear about this job? (Please check one.)

<input type="checkbox"/> Milford Mirror	<input type="checkbox"/> Human Resources or Department Bulletin Board
<input type="checkbox"/> Other newspaper (give name):	<input type="checkbox"/> Community Agency (give name):
<input type="checkbox"/> City Website	<input type="checkbox"/> Professional Journal (give name):
<input type="checkbox"/> Internet (list site):	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> City Employee	



CITY OF MILFORD

AUTOMOTIVE MECHANIC – GARAGE DIVISION PUBLIC WORKS DEPARTMENT

APPLICATION SUPPLEMENT #17-09

NAME _____

SOCIAL SECURITY NUMBER 000 - _____ - _____
(Last six digits only)

For this examination, you will be filling out specific information about your training and experience. The information that you give will be used to find out how well your background qualifies you for this position. You must fill out this examination booklet completely in order to take part in this examination. **THIS BOOKLET IS AN EXAMINATION.**

On the pages that follow, you will be asked to supply factual information about your training, and the duties, responsibilities and accomplishments that are associated with the jobs which helped you qualify for the position for which you are applying. Your training and experience will be scored according to how closely they relate to the various job components or factors of the position of Auto Mechanic. Your score will be based only on what you include in this examination. Incomplete or illegible applications/supplements will be rejected.

This examination booklet and a completed Application for Employment must be received by the Human Resources Department by the last filing date noted in the job announcement. Information received after the last filing date will not be considered.

I. GENERAL EXPERIENCE AND LICENSURE:

PART A. – EXPERIENCE

Do you have at least three (5) years of progressively responsible experience in all phases of auto mechanics, including trucks and heavy equipment vehicles?

No _____ Yes _____ If Yes, Number of Years Experience _____

Indicate the type of work experience. Check (✓) all that are applicable:

_____ diagnosing, repairing and installing gasoline and diesel engines – number of years of experience: _____

_____ diagnosing, repairing and installing transmissions and other drive-train components; hydraulic systems; air brake systems; tires and wheels; and electrical systems – number of years of experience: _____

_____ diagnosing and repairing small gasoline and two-stroke engines: _____

_____ using electric welder, gas welder, and brazing: _____

_____ conducting road tests to locate defects in equipment operation and as a check on repair work: _____

PART B. – LICENSURE

Do you possess a valid State of Connecticut Driver's License?

_____ Yes Type: _____ (Must attach a copy of license.) _____ No

Do you possess a valid State of Connecticut Commercial Driver's License (CDL), Class A or B, without manual transmission and/or airbrake restrictions?

_____ Yes Type: _____ (Must attach a copy of license.) _____ No

#17-09

A. Describe in detail your work experience diagnosing, repairing and installing gasoline and diesel engines.

[illegible][illegible]

- A. Do you possess any of the following degrees? (If “Yes”, specify the major field of study for which the degree was conferred.)

- 1 High School Diploma Yes _____ No _____
 .
 2 Trade School Completion Yes _____ No _____ Field of Study: _____
 .
 3 Apprentice Training Yes _____ No _____ Field of Study: _____
 .

- B. List all training (seminars, special courses, advanced training, specialized training, etc.) that you have attended/completed within the past five (5) years, relevant to operating, repairing, and maintaining gasoline and diesel engines, transmissions, hydraulic systems, air brake systems and electrical systems.

AREA OF STUDY/TITLE OF COURSE	SPONSORING ORGANIZATION	DATES ATTENDED & NO. OF HOURS