MECHANIC

Port Angeles School District No. 121
216 East Fourth Street
Port Angeles, Washington 98362
(360) 457-8575 FAX (360) 457-4649
www.portangelesschools.org

1. Name _____
   (Last) (First) (Middle)
2. Do you hold a current first aid card? Yes ☐ No ☐
3. If not, have you ever had first aid training? Yes ☐ No ☐
4. How recently?_____
5. Do you have a valid Washington State driver's license? Yes ☐ No ☐
6. What endorsements (other than passenger vehicle) do you have on your driver's license?
   _____
7. How many traffic citations for moving violations have you had in the past five (5) years?
   _____
8. Please indicate the number of years training and experience in the following:

	Number of Years Training	Number of Years Experience
AUTOMOTIVE MECHANIC		
BODY REPAIR **Painting – Glass – Upholstery**		
BRAKES: Air – Hydraulic		
DIESEL		
GAS ENGINE		
LUBRICATION		
MOTOR OVERHAUL OR REBUILD		
REAR AXLE OR 3RD MEMBER		
TRANSMISSION: Automatic – Manual		
TRUCK OR HEAVY DUTY MECHANIC		
WELDING		

Other pertinent experience or training: _____

_____

_____