

MECHANIC

Port Angeles School District No. 121
216 East Fourth Street
Port Angeles, Washington 98362

1. Name _____
(Last) (First) (Middle)
2. Do you hold a current first aid card? _____ If not, have you ever had first aid training? _____ How recently? _____
3. Do you have a valid Washington State driver's license? _____
4. What endorsements (other than passenger vehicle) do you have on your driver's license? _____
5. How many traffic citations for moving violations have you had in the past five (5) years? _____
6. 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: _____

