STRINE STATION AUTO CENTER

Employment Application – Mechanic / Technician / Tow Operator

Address: 10085 U.S. Highway 87, Raynesford, MT 59469

Phone: (406) 738-4395 | www.strinestation.com | Equal Opportunity Employer

PERSONAL INFORMATION

Full Name: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

Are you at least 18 years old? ☐ Yes ☐ No

Are you legally authorized to work in the United States? ☐ Yes ☐ No

EMPLOYMENT DESIRED

Position Applied For: Mechanic / Technician / Tow Operator

Date You Can Start: _____

Desired Pay Rate: $_____ per hour ☐ Full-time ☐ Part-time

Do you have reliable transportation to work? ☐ Yes ☐ No

Are you willing to work overtime or occasional emergency calls (e.g., lockout service)? ☐ Yes ☐ No

TOOL REQUIREMENTS

All mechanics at Strine Station Auto Center are required to provide and maintain their own basic hand tools necessary to perform routine maintenance and repair tasks.

Do you currently own a complete basic hand tool set? ☐ Yes ☐ No

If yes, please describe or list key tools (e.g., sockets, wrenches, screwdrivers, torque wrench, pliers, etc.):_____

EDUCATION & TRAINING (more training and military experience may be listed on the back)

School Name	Location	Years Attended	Degree/Certificate	Major/Focus

Certifications (ASE, EPA, etc.): _____

Driver's License #: _____ State: _____ Exp: _____

CDL or Specialty License (if any): _____

WORK EXPERIENCE (List your last three employers, most recent first)

Employer Name: _____Location: _____

Job Title: _____Employment Dates: _____

Supervisor Name & Phone: _____

Reason for Leaving: _____

Experience/Skills Used: _____

Employer Name: _____Location: _____

Job Title: _____Employment Dates: _____

Supervisor Name & Phone: _____

Reason for Leaving: _____

Experience/Skills Used: _____

Employer Name: _____Location: _____

Job Title: _____Employment Dates: _____

Supervisor Name & Phone: _____

Reason for Leaving: _____

Experience/Skills Used: _____

REFERENCES (List two professional references – no relatives)

Name	Relationship	Phone Number	Years Known

ADDITIONAL INFORMATION

Please list any specialized tools, diagnostic systems, or mechanical equipment you are experienced with (e.g., Hunter balancer, hydraulic press, trailer wiring, diagnostic scanners):

Do you have experience with any of the following?

☐ Hydraulic hoses ☐ Tire mounting ☐ Trailer work ☐ Small engine repair ☐ Parts sales/customer service ☐ Brakes ☐ Towing ☐ Ag Equipment ☐ Computer Diagnostics

AVAILABILITY

Regular shop hours are Monday–Friday, 8:00 a.m. to 5:00 p.m.

Are you available for occasional after-hours or emergency calls? ☐ Yes ☐ No

AUTHORIZATION & SIGNATURE

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false or misleading information may result in disqualification or termination if employed.

I authorize Strine Station Auto Center to investigate all statements contained in this application, including prior employment and education, and release all parties from any liability for providing or using such information.

I understand that employment at Strine Station Auto Center is at will, meaning that either I or the company may terminate employment at any time, with or without cause or notice, in accordance with Montana law.

Signature: _____

Date: _____

EQUAL OPPORTUNITY EMPLOYER NOTICE

Strine Station provides equal employment opportunities to all employees and applicants without regard to race, color, religion, sex, age, national origin, disability, or any other protected status under federal, state, or local law.