

CITY OF BESSEMER

JOB DESCRIPTION AND QUALIFICATIONS

HEAD MECHANIC

SUMMARY

General garage repair and overhaul of automotive equipment, pickup trucks and other heavy road equipment. Fill out repair cost cards for equipment worked on, listing labor and materials used. Operate power tools, drill presses, power saws, air tools, arc welders, etc. Must be available during severe winter conditions to repair equipment when the need arises.

DUTIES AND RESPONSIBILITIES

An employee in this position may be called upon to do any or all of the following: (Does not include all tasks employee may be expected to perform.)

1. Maintain and repair public works equipment.
 - A. Tear down motors, clean and inspect parts.
 - B. Make needed repairs and replacements.
 - C. Install pistons, rings, bearings, valves, clutches, etc. and make adjustments where necessary to restore equipment to proper working order.
 - D. Overhaul transmissions, repair differentials, rear axle assemblies and other equipment or parts.
 - E. Repair electrical systems of automotive and power driven equipment. (Alternators, Starters, Distributors, etc.)
 - F. Inspect bodies, replace body units and fixtures and fabricate units of heavy government.
 - G. Reline and adjust brakes and repair hydraulic systems.
 - H. Perform road service on equipment as required.
2. Perform any other related work as required by the City.

MINIMUM QUALIFICATIONS FOR EMPLOYMENT

An employee in this class, upon appointment, should have the equivalent of the following knowledge, training and experience:

Knowledge of the procedures, practices, materials and tools utilized in the maintenance and repair of public works vehicles and equipment. Must be able to operate all of the power tools in the garage such as the Arc Welder. Must be able to do brazing, cutting and soldering.

Knowledge of the operation of gasoline and diesel engines.

Knowledge of the electrical systems of vehicles and power driven equipment.

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Skill in diagnosing and correcting mechanical problems.

Skill in understanding oral and written instructions and repair manuals.

Skill in establishing and maintaining an effective working relationship with fellow employees.

PHYSICAL REQUIREMENTS

Must be able to lift automotive parts and repair equipment weighing up to 100 lbs. Must be able to bend, stoop, climb around and onto equipment in order to perform repairs. Must meet the physical requirements of a CDL driver's license.

EXPERIENCE AND EDUCATION

Required experience includes four (4) years of progressively more responsible experience in the maintenance, adjustment and repair of motor vehicles and public works equipment.

Graduation from a post secondary motor vehicle repair program may be substituted for one (1) or more years of experience, depending on what courses were taken. The City will be looking for transcripts showing that training was taken in the maintenance and repair of heavy equipment motors. (Both gasoline and diesel)

A Mechanics license/certificate can also be substituted for experience if said license/certificate covers more than automotive repairs.

Must be able to operate excavator, backhoe, front end loader and grader.

A motor vehicle operator's CDL license is required.

Application for Employment

**PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER**

LAST NAME

Personal Information

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	SECONDARY PHONE NO.	REFERRED BY	

Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN
REASON FOR LEAVING		
		NAME OF LAST SUPERVISOR AT THIS COMPANY
HOW DID YOU FIND OUT ABOUT THIS POSITION? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND <input type="checkbox"/> ONLINE AD <input type="checkbox"/> OTHER _____ <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> WEBSITE _____		

FIRST

MIDDLE INITIAL

Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK
SPECIAL TRAINING, CERTIFICATIONS, LICENSES
SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.

Military Service Record

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH OF SERVICE
DISCHARGE DATE	RANK

Former Employers (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT)

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE		JOB TITLE
WEEKLY STARTING SALARY \$	WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE		JOB TITLE
WEEKLY STARTING SALARY \$	WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE		JOB TITLE
WEEKLY STARTING SALARY \$	WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

References (LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT)

NAME	ADDRESS	BUSINESS	PHONE

Special Purpose Questions

DO NOT ANSWER **ANY** OF THE QUESTIONS IN THIS BOX UNLESS THE EMPLOYER HAS **CHECKED THE BOX PRECEDING** A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS. THE INFORMATION DISCLOSED WILL NOT BE USED TO DISCRIMINATE AGAINST THE APPLICANT DURING THE HIRING PROCESS FOR ANY REASONS RELATING TO RACE, COLOR, SEX, RELIGIOUS AFFILIATION, NATIONAL ORIGIN, GENDER, OR ANY DISABILITY.

Have you been convicted of a felony within the last 5 years? Yes No. Describe. _____

This question is being asked because the job for which you are applying is considered a "security-sensitive" job, requiring a very high level of trust, such as any position in which the employee handles currency, has access to a job-related computer terminal, has access to a master key, or works in an area which has been designated as a security-sensitive area. Answering yes to this question will not constitute an automatic rejection of employment. The date of the offense, the seriousness and nature of the violation, rehabilitation, and position applied for will all be considered. If your record was expunged, sealed or set aside, you may answer "no" to the above question.

I understand and agree that, in the event that I am offered a job, I may be required to take one or more: physical examination; drug test, as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s), other than claims related to privacy violations and/or discrimination under applicable federal and state laws. I understand that all potential employees are required to take a physical examination and/or drug test and that, in compliance with federal law, the records of such tests will be kept confidential and the information obtained will not be used to discriminate on the basis of disability, health problems, or medical conditions.

Yes No

Any information voluntarily disclosed in the following question will only be used by the employer to determine the extent of any employer-provided accommodations that may be necessary for the applicant under the American with Disabilities Act; the information disclosed will not be used to discriminate against the applicant during the hiring process for any reasons relating to disabilities, health problems, or medical conditions.

Are you able to perform each of the following job functions with or without an accommodation?

JOB FUNCTION #1 _____ Yes No

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?

JOB FUNCTION #2 _____ Yes No

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?

JOB FUNCTION #3 _____ Yes No

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?

What foreign languages do you speak/write/read fluently? _____

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

DATE _____

SIGNATURE _____

Do Not Write On This Page - For Interviewer's Use Only

INTERVIEWED BY		DATE
REMARKS		
NEATNESS	CHARACTER	
PERSONALITY	ABILITY	

INTERVIEWED BY		DATE
REMARKS		
NEATNESS	CHARACTER	
PERSONALITY	ABILITY	

INTERVIEWED BY		DATE
REMARKS		
NEATNESS	CHARACTER	
PERSONALITY	ABILITY	

HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES
APPROVED 1: EMPLOYMENT MANAGER:				DATE
APPROVED 2: DEPARTMENT MANAGER:				DATE
APPROVED 3: GENERAL MANAGER:				DATE

Interviewer: The additional information that may be necessary to complete an applicant's record can be obtained after hiring, during a POST HIRING INTERVIEW. Adams Item #9287 and Tops Item #3287 Employee's Record File contains a section for this purpose, while also serving as a means for up-to-date recording of employment status changes and for holding all employment forms.

This application for employment is sold only for general use throughout the United States. TOPS assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.