

# SCOTT & RITTER, INC.

## Mechanic's Survey

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please rate your knowledge of the following using a scale of 1 – 10; 10 being excellent:

|                               | Rating | Explanation |
|-------------------------------|--------|-------------|
| Hydraulics Repair             |        |             |
| Diesel Engines                |        |             |
| Gas Engines                   |        |             |
| Small Equipment/2 Cycle       |        |             |
| General Equipment Maintenance |        |             |
| Welding                       |        |             |

Please rate yourself based on the following using a scale of 1 – 10; 10 being excellent:

|                                     | <b>Rating</b> | <b>Explanation</b> |
|-------------------------------------|---------------|--------------------|
| <b>Dependability</b>                |               |                    |
| <b>Honesty</b>                      |               |                    |
| <b>Written Communication Skills</b> |               |                    |
| <b>Oral Communication Skills</b>    |               |                    |
| <b>Knowledge of Mechanics</b>       |               |                    |
| <b>Related Background</b>           |               |                    |
| <b>Quality of Work</b>              |               |                    |
| <b>Decision Making Ability</b>      |               |                    |
| <b>Leadership</b>                   |               |                    |
| <b>Initiative</b>                   |               |                    |

Please elaborate on experience with heavy construction mechanics and previous employers:

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|  | <b>Explanation</b> |
|--|--------------------|
| <b>Do you have an appropriate set of tools for the work described?</b>     |                    |
| <b>Do you have any objection to overtime work?</b>                         |                    |
| <b>Do you object to daily travel?</b>                                      |                    |
| <b>Do you object to overnight travel?</b>                                  |                    |
| <b>Are you proficient at recordkeeping and related paperwork?</b>          |                    |
| <b>Do you have any special circumstances which might affect your work?</b> |                    |
| <b>Do you prefer to work alone or in a group?</b>                          |                    |