

Colorado School of Mines Outdoor Recreation Center Bike Mechanic Application

**** Please Complete Legibly ****

Name _____ Date _____
 Home Address _____ Phone _____
 _____ Phone _____
 E-mail Address _____ CWID # _____
 Academic Major _____ Class Rank: Fr. So. Jr. Sr. Gr. Expected Grad. Date _____

Are you Certified in: First Aid: Yes ___ No ___ Expiration Date: _____
 CPR: Yes ___ No ___ Expiration Date: _____

****Please turn in a copy of all current certifications with the completed application****

Do you qualify for work- study? Yes ___ No ___ How much per semester? _____

Equipment Knowledge and Qualifications

Please indicate your level of understanding for the equipment listed below. Use the following numbers to indicate the capacity you feel you are qualified. (Leave them blank if you feel you are not qualified.)

1 = Highly Qualified 2 = Qualified 3 = I have limited knowledge

Change Flat Tire _____	Install Tires or Tubes _____
Remove or Install Chain _____	Adjust V- Brakes _____
Adjust Derailleur's _____	Install Brake Pads (Disc etc.) _____
True Wheels _____	Bleed Disc Brakes _____
Adjust Suspension _____	Adjust Disc Brakes _____
Adjust Headset _____	Adjust Cantilever Brakes _____
Grease Bottom Bracket _____	Replacing Cables and Housing _____
Experience with older model bikes and "Wal-Mart" Bikes _____	

Other skills and knowledge: _____

Previous Mechanic Experience

Please re-type, and attach your answers to the following questions on another sheet. Thank you.

1. What experience do you have maintaining and repairing mountain bikes?
2. What experience do you have maintaining and repairing road bikes?
3. Please list and describe other outdoor recreation experiences?
4. What experience do you have teaching groups?
5. Please describe your organizational and planning skills/experiences.
6. List any customer service experience.

7. What do you hope to achieve by becoming an Outdoor Recreation Center staff member?
8. Please list any other information that you feel would be useful to us when deciding if you are qualified to work at the ORC?

References

List an individual who has knowledge of your bike maintenance experience who will serve as a reference for you:

Name: _____ Phone (____) _____

Relationship to you: _____ E-mail _____

When you complete this application, please return it to Outdoor Recreation Center. If you have questions, please contact Nate Bondi at 303-273-3537 or email- nbondi@mines.edu
