



AN EQUAL OPPORTUNITY EMPLOYER

## APPLICATION FOR EMPLOYMENT

It is the policy of this company to provide equal employment opportunities to all applicants for employment and employees without regard to race, color, natural origin, religion, age, disability or sex

PLEASE PROVIDE ALL INFORMATION REQUESTED

EMAIL: \_\_\_\_\_@\_\_\_\_\_.

Name _____				Date _____
Last		First	Middle	
Present Address _____				Lived here Since _____
No. and Street		City	State	Zip
Last Address _____				Lived here From _____ To _____
No. and Street		City	State	Zip
Telephone Number ( ) _____		( ) _____	Social Security Number _____	
Home		Business		

### EMPLOYMENT DESIRED

_____ Full-Time	_____ Part-Time	_____ Hrs. per week
Date you Can Start _____	Salaried _____	Desired _____
If so, may we inquire of your present employer? _____		
Are you employed now? _____		
Have you ever applied here before? _____ If yes, when? _____		
Have you ever been convicted of any law (except minor traffic violation)? _____		
If yes, give details _____		
(A "yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and job for which you are applying will also be considered)		

### EDUCATION

NAME	CIRCLE LAST	COURSE	DEGREE
LOCATION	YEAR	MAJOR	DATE
High School	9 10 11 12		
College or University	1 2 3 4		
Business, Trade, Other	1 2 3 4		

Have you worked or attended school under any other name? _____
If yes, give names: _____
Have you ever been fired from a job or asked to resign? _____
If yes, please explain _____

**MILITARY SERVICE**

Branch	From	To	Name at Separation	Duties
	MO. YR.	MO. YR.		

Have you ever had any schooling under the G.I. Bill of Rights? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

**JOB-RELATED SKILLS**

What skills or additional training do you have that are related to the job for which you are applying? \_\_\_\_\_

List any Automotive Service Excellence "ASE" Certifications \_\_\_\_\_

What computer/software are you familiar with? (See below for equipment-related skills, e.g. scan tools)

What machines or equipment can you operate that are related to the job for which you are applying? \_\_\_\_\_

Are you able to perform the essential duties of this position with or without reasonable accommodations? \_\_\_\_\_

Are you a licensed automobile driver?      ☐ Yes    ☐ No    If "Yes" type of license \_\_\_\_\_

Driver's License # \_\_\_\_\_

**PERSONAL REFERENCES** (excluding former employers or relatives)

Name	Address	Phone Number

**EMPLOYMENT HISTORY** (list in order with last or present employer first)

A. Name of Company B. Street Address C. City & State	Dates Employed	Positions and Wages or Salary	A. Name of Supervisor B. Supervisor's Title C. Reason for Leaving
A.	From	Position	A.
B.			B.
C.	To	Last Salary	C.
A.	From	Position	A.
B.			B.
C.	To	Last Salary	C.
A.	From	Position	A.
B.			B.
C.	To	Last Salary	C.
A.	From	Position	A.
B.			B.
C.	To	Last Salary	C.
A.	From	Position	A.
B.			B.
C.	To	Last Salary	C.

May we contact the employers listed above? \_\_\_\_ Yes \_\_\_\_ No If not, indicate below which one(s) you do not wish us to contact.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please read each statement carefully before signing**

I certify that all the information provided in this employment application is true and complete. I understand that any false information or mission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include Information as to my character, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, Schools and others. I understand I have the right to make a written request within a reasonable amount of time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre-and/or post-employment drug screening as a condition of employment if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_