

# Employment Application for Service Advisors

## Instructions

- #1. This application must be completed in your own handwriting
- #2. Print legibly and complete all sections on both sides of the application
- #3. Sign and date the application on the reverse side once you have completed it

Name \_\_\_\_\_  
Last First Middle Initial Date of Birth

Current Address \_\_\_\_\_  
Street City State Zip

How long have you resided at the above address? \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Day Time Phone Number \_\_\_\_\_ Evening Phone Number \_\_\_\_\_

If you were referred to our company, who referred you? \_\_\_\_\_

Are you a U.S. Citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any hours, shifts, or days you cannot or will not work? \_\_\_\_\_

Are you willing to work overtime as required? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a physical or medical condition which would limit your capacity for the job? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, what can we do to accommodate your limitations? \_\_\_\_\_

## Qualifications

If you are certified by any trade associations or agencies, please list all your certification with expiration dates: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What business management systems are you familiar with? \_\_\_\_\_

\_\_\_\_\_

Please rate your Sales skills on a level of #1 - #10 # \_\_\_\_\_

At your current place of employment, or your most recent job:

Average number of repair orders written per day? \_\_\_\_\_ Number of technicians? \_\_\_\_\_

Average weekly sales? \_\_\_\_\_

High School graduate \_\_\_\_\_ Trade School graduate \_\_\_\_\_ College Degree \_\_\_\_\_

Are you able to provide a resume that reflects your educational history? \_\_\_\_\_

Please list all sales and management courses you have taken within the past 2 years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Activities & Interests (hobbies, etc.) \_\_\_\_\_

\_\_\_\_\_

Are you willing to authorize a criminal background investigation and participate in our drug-free workplace program? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ Do you have a clean driving record? \_\_\_\_\_ Are you willing to supply us with a state issued report of your driving record? \_\_\_\_\_

If hired, when would you be able to start? \_\_\_\_\_ Wage or Salary Desired \$ \_\_\_\_\_

**Application is continued on the other side**



**Employment History**  
***Begin with your present employer***

May we contact your present employer? \_\_\_\_ Yes \_\_\_\_ No

1.

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Most Recent Employer	Address	Phone Number
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Date Started	Starting Salary	\$ Per	Position
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Date Left	Ending Salary	\$ Per	
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Name and Title of Supervisor

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Description of Duties	Reason for Leaving
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May we contact your previous employer? \_\_\_\_ Yes \_\_\_\_ No

2.

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Previous Employer	Address	Phone Number
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Date Started	Starting Salary	\$ Per	Position
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Date Left	Ending Salary	\$ Per	
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Name and Title of Supervisor

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Description of Duties	Reason for Leaving
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May we contact your present employer? \_\_\_\_ Yes \_\_\_\_ No

3.

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Previous Employer	Address	Phone Number
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Date Started	Starting Salary	\$ Per	Position
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Date Left	Ending Salary	\$ Per	
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Name and Title of Supervisor

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Description of Duties	Reason for Leaving
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May we contact your present employer? \_\_\_\_ Yes \_\_\_\_ No

4.

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Previous Employer	Address	Phone Number
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Date Started	Starting Salary	\$ Per	Position
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Date Left	Ending Salary	\$ Per	
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Name and Title of Supervisor

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Description of Duties	Reason for Leaving
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## Employment History

*Begin with your present employer*

May we contact your present employer? \_\_\_\_ Yes \_\_\_\_ No

5.

Most Recent Employer	Address	Phone Number
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Date Started	Starting Salary	\$ Per	Position
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Date Left	Ending Salary	\$ Per	
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Name and Title of Supervisor

Description of Duties	Reason for Leaving
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May we contact your previous employer? \_\_\_\_ Yes \_\_\_\_ No

6.

Previous Employer	Address	Phone Number
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Date Started	Starting Salary	\$ Per	Position
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Date Left	Ending Salary	\$ Per	
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Name and Title of Supervisor

Description of Duties	Reason for Leaving
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May we contact your present employer? \_\_\_\_ Yes \_\_\_\_ No

7.

Previous Employer	Address	Phone Number
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Date Started	Starting Salary	\$ Per	Position
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Date Left	Ending Salary	\$ Per	
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Name and Title of Supervisor

Description of Duties	Reason for Leaving
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May we contact your present employer? \_\_\_\_ Yes \_\_\_\_ No

8.

Previous Employer	Address	Phone Number
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Date Started	Starting Salary	\$ Per	Position
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Date Left	Ending Salary	\$ Per	
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Name and Title of Supervisor

Description of Duties	Reason for Leaving
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