

Employment Application for Shop Help

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

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 a 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 _____

Qualifications

Please tell us about yourself. _____

Do you enjoy working with others and meeting new people on a daily basis? _____

How well do you interact with new people? _____

What are some things you like about your current position at work? _____

What are some things you do not like about your current position at work? _____

How would you describe the perfect job? _____

Why would you like to join a company like ours? _____

Tell us about your goals? _____

High School graduate _____ Trade School graduate _____ College Degree _____

Relative to the job, what is your single greatest strength? _____

Relative to the job, what is your single greatest weakness? _____

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

Please list all technical 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? _____

Do you have a valid driver's license? _____ 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 \$ _____

This application is continued on the other side



Employment History

Begin with your present employer

From ___/___/___ to ___/___/___
Date Month Year Date Month Year

Company Address

City and State

From ___/___/___ to ___/___/___
Date Month Year Date Month Year

Company Address

City and State

From ___/___/___ to ___/___/___
Date Month Year Date Month Year

Company Address

City and State

Company Name

\$ _____

Weekly gross pay: Hourly? Salary? Commission? Flagged hour?

Why did you leave, or why are you looking to leave the company?

Company Name

\$ _____

Weekly gross pay: Hourly? Salary? Commission? Flagged hour?

Why did you leave the company?

Company Name

\$ _____

Weekly gross pay: Hourly? Salary? Commission? Flagged hour?

Why did you leave the company?

Can we contact all your past employers? _____ and your present employer? _____

References

Only list the people you have known more than a year

_____ Name of a service advisor	_____ Length of time known	_____ Area code and phone number
_____ Name of a technician	_____ Length of time known	_____ Area code and phone number
_____ Name of a technician	_____ Length of time known	_____ Area code and phone number
_____ Name of a technician	_____ Length of time known	_____ Area code and phone number
_____ Name of a friend	_____ Length of time known	_____ Area code and phone number
_____ Name of a friend	_____ Length of time known	_____ Area code and phone number
_____ Name of a friend	_____ Length of time known	_____ Area code and phone number

Acknowledgement and Authorization

This application is not an employment contract, nor an agreement to interview, and I understand that any employment can be terminated at any time, for any cause, without notice. I further understand that no person other than the business owner has the authority to enter into an Employment agreement with me, or make any guarantee as to the length, terms or conditions of any such employment. I certify that to the best of my knowledge all of the information contained in this application is correct. I also authorize the investigation of all statements contained in this application and I understand that any misrepresentation, falsification, or omission of facts from this application, will be cause for immediate dismissal.

Signature

Date

_____ - _____ - _____
Social Security Number

