

Employment Application for Technicians

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 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 _____. 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: _____

Do you have a county issued emissions license? _____ If yes, when does it expire? ____/____/____

Do you have a state issued safety inspection license? _____ If yes, when does it expire? ____/____/____

What is the approximate value of your tools and equipment? \$ _____

What diagnostic equipment are you experienced in using? _____

Which repair or estimating programs are you proficient with? _____

Please rate your Diagnostic Skills on a level of #1 - #10 # _____

Please rate your Repair Skills on a level of #1 - #10 # _____

High School graduate _____ Trade School graduate _____ College Degree _____

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? _____ 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 \$ _____

This application is continued on the other side



Employment History

Begin with your present employer

May we contact your present employer? ____ Yes ____ No

1.

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

2.

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

3.

Previous Employer	Address	Phone Number
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Date Started	Starting Salary	\$ Per	Position
--------------	-----------------	--------	----------

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

4.

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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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
--------------	-----------------	--------	----------

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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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
Name of Father		Area code and phone number
Name of Mother		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