

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.		
PRESENT ADDRESS	APT. NO	CITY	STATE	ZIP
E-MAIL ADDRESS		PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)		
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOME PHONE		CELL PHONE	

LAST

FIRST

MIDDLE

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
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EVER WORKED AT ALL TUNE AND LUBE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
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IF 'YES' REASON FOR LEAVING

HOW DID YOU HEAR OF THIS POSITION? <input type="checkbox"/> CRAIGSLIST <input type="checkbox"/> MONSTER <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> SCHOOL PLACEMENT SERVICE <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> STATE EMPLOYMENT <input type="checkbox"/> FRIEND <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER
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EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

GENERAL

DO YOU OWN YOUR OWN TOOLS? YES NO IF 'YES' APPROXIMATE VALUE \$ _____

CAN YOU WORK SATURDAYS? YES NO

HAVE YOU EVER USED ALLDATA OR MITCHELL ON DEMAND SOFTWARE? YES NO

DO YOU KNOW SHOPpro? YES NO

CERTIFICATIONS, SPECIAL TRAINING, OR LICENSES

ANY ADDITIONAL TRAINING OR JOB SKILLS NOT LISTED ABOVE?

PRESENT/FORMER EMPLOYERS
LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
DATES OF EMPLOYMENT FROM:		TO:	JOB TITLE:	
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR		TITLE	PHONE NUMBER	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
EMPLOYMENT FROM:		TO:	JOB TITLE:	
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR		TITLE	PHONE NUMBER	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
EMPLOYMENT FROM:		TO:	JOB TITLE:	
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR		TITLE	PHONE NUMBER	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

REFERENCES

BELOW, GIVE THE NAMES OF THREE INDIVIDUALS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	YEARS ACQUAINTED	BUSINESS

MILITARY SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE	RANK
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CITIZENSHIP

ARE YOU A U.S. CITIZEN? q YES q NO	IF 'NO', LEGAL STATUS
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? q YES q NO	

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? q YES q NO
IF 'YES', EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

DATE

SIGNATURE

**DO NOT WRITE ON THIS PAGE
FOR INTERVIEWER'S USE ONLY**

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

HIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	START DATE	FOR POSITION
SALARY WAGES	WORK SCHEDULE	