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

NameLast		First		Middle initial
Current address				
Street		City	State	Zip code
How long have you resided at the ab	ove address?			
Cell phone	E-mail a	ddress	or hale bee	
Day time phone number		Evening	phone number	
If you were referred to our company,	by who?			Car TIBOT BOG
	Qu	alification	<u>s</u>	
If you are certified by any trade assoc	ciations or agencies,	, please list all yo	our certifications with exp	ration dates:
		35470 1044 1664		
	353			
			Acathore	
Do you have a state issued smog licer	nse?	If yes, when doe	es it expire?/	1
What is the approximate value of you				
What diagnostic equipment are you	experienced in using	å§		
Which repair or estimating programs of	are you proficient wi	th:		
Please rate your Diagnostic Skills on a	level of #1 - #10	#		
Please rate your Repair Skills on a leve				
High school graduate Attended T Attended College Graduated Col				
Are you able to provide a resume tha	t reflects your educe	ational history? _		
Please list all technical courses you ha	ive taken within the	past 2 years:		
Activities & interests (hobbies, etc)				
Activities & interests (hobbies, etc) Are you willing to authorize a criminal Do you have a valid drivers license? _	background investig	gation and parti	icipate in our drug-free w	orkplace program?_





Employment History Begin with your present employer

From/_/_ to/_/ Date month year Date month year	Company name			
Company address	Weekly gross pay:	hourly? salary? commission? flagged hour?		
City and state	Why did you leave, or why are you looking to leave the company			
From/ to/				
Date month year Date month year	¢	Company name		
Company address	Weekly gross pay: hourly? salary? commission? flagged hour?			
City and state	Why did you leave the company?			
From / / to / /				
Date month year Date month year	\$	Company name		
Company address	Weekly gross pay:	hourly? salary? commission? flagged hour? .		
City and state	Why did you leave the company?			
Can we contact all your past employers?	and your present emplo			
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		
rano di a tochindan				
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		
Acknow	ledgement and Au	thorization		
This application is not an employment contract, nor an ag	reement to interview, and I und operson other than the busines gth, terms or conditions of any solutions authorize the investigations.	erstand that any employment can be terminated at any times owner has the authority to enter into an Employment uch employment. I certify that to the best of my knowledge on of all statements contained in this application and I		
		# 2010 25 - 2010 2010 - 2010 2010		
Signature	Date	Social security number		