

# 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

Current address \_\_\_\_\_  
Street City State Zip code

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, by who? \_\_\_\_\_

## Qualifications

If you are certified by any trade associations or agencies, please list all your certifications 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 by you per day \_\_\_\_\_ Number of technicians you wrote service for \_\_\_\_\_

Average weekly sales \$ \_\_\_\_\_

High school graduate \_\_\_ Attended Trade school \_\_\_ Graduated Trade school \_\_\_

Attended College \_\_\_ Graduated College \_\_\_ Degree \_\_\_\_\_

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

Please list all sales & management courses you have taken within the past 5 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 drivers 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? \_\_\_\_\_

**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

Can we contact all your past employers? \_\_\_\_\_ and your present employer? \_\_\_\_\_

\_\_\_\_\_  
 Company name

\$ \_\_\_\_\_  
 Weekly gross pay: hourly? salary? commission? salary plus??

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

\_\_\_\_\_  
 Company name

\$ \_\_\_\_\_  
 Weekly gross pay: hourly? salary? commission? salary plus?

\_\_\_\_\_  
 Why did you leave the company?

\_\_\_\_\_  
 Company name

\$ \_\_\_\_\_  
 Weekly gross pay: hourly? salary? commission? salary plus?

\_\_\_\_\_  
 Why did you leave the company?

**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