

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

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:

Do you have a state issued smog 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 ____ 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 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 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? 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?

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