



Technician Employment Application

Instructions

1. Please print legibly and complete all sections on both sides of the application
2. This application must be completed in your own handwriting
3. Double-check your completed application for accuracy
4. Sign and date the application on the reverse side once you have completed it

Name _____

Last	First	Middle initial
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Current address _____

Street	City	State	Zip Code
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Day time phone number _____ Evening phone number _____

Cell phone _____ email address _____

How long have you resided at the above address? _____

Did someone refer you to our company? _____ If "yes", who? _____

Qualifications

Are you certified by any trade associations or agencies? _____ If "yes" please list all your certifications with expiration dates: _____

Do you have a state issued smog license? _____ If so, 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 # _____

Please list 5 separate words that best describe you: _____

High school graduate ____ Trade school graduate ____ College Degree ____

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

Please list any technical courses you have taken within the past 2 years: _____

Activities & interests (hobbies, etc) _____

Have you ever been convicted of a felony? _____ are you willing to authorize a criminal background investigation? _____

Are you willing to participate in any drug free workplace program we presently have, or put into effect? _____

Do you have a valid Driver's 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 employment application is continued on the other side

Employment History

Beginning with your present employer

From ____/____/____ to ____/____/____
Date Month Year Date Month Year

Company Address

City, State, Zip

From ____/____/____ to ____/____/____
Date Month Year Date Month Year

Company Address

City, State, Zip

From ____/____/____ to ____/____/____
Date Month Year Date Month Year

Company address

City and state

Company Name

\$ _____
Gross pay - Hourly? Salary? Commission? Salary plus commission?

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

Company name

\$ _____
Gross pay - hourly? Salary? Commission? Salary plus commission?

Why did you leave the company?

Company name

\$ _____
Gross pay - hourly? Salary? Commission? Salary plus commission?

Why did you leave the company?

May we contact all your past employers? _____ and your present employer? _____

References

Only list the people you have known more than a year
Please include 3 Friends, 1 Service Advisor and 1 Technician

Name of a non-family member Length of time known Relationship Area code and phone number

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Acknowledgement and Authorization

IMPORTANT INFORMATION!

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 of application

_____ - _____ - _____
Social Security Number