

Professional Information (if applicable)	
Professional License(s):	License Number:
Effective Date:	Expiration Date:
Registry or Certification:	Registration Number:
Effective Date:	Expiration Date:
Out-of-State License(s):	License Number(s):

Employment

List all periods of employment, self-employment, U.S. Military service, and verifiable volunteer work beginning with your present job. **Please print clearly.** If you need additional space, please list information on the back of this booklet.

Present/Last Employer:	Type of Business:
Address:	Phone Number:
Employment Dates: From _____ To _____	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Pay:	Reason for Leaving:
Job Title:	Supervisor and Title:

Description of Job and Duties:

If presently employed, why do you wish to change employers?

Suppose we were to call your supervisor at this place of business:

How would he or she describe your job performance?	<input type="checkbox"/> Outstanding <input type="checkbox"/> Above average <input type="checkbox"/> Average <input type="checkbox"/> Somewhat below average <input type="checkbox"/> I don't know
How would he or she describe your attendance record?	<input type="checkbox"/> Never missed a day <input type="checkbox"/> Seldom missed a day (e.g., 1 to 2 days a year) <input type="checkbox"/> Sometimes missed a day (e.g., 3 to 5 days a year) <input type="checkbox"/> Occasionally missed a day (e.g., 6 to 10 days a year) <input type="checkbox"/> Frequently missed a day (more than 10 days a year)
How often would he or she say you were late for work?	<input type="checkbox"/> Never late <input type="checkbox"/> Seldom late (e.g., 1 to 2 times a year) <input type="checkbox"/> Sometimes late (e.g., 3 to 5 times a year) <input type="checkbox"/> Occasionally late (e.g., 6 to 10 times a year) <input type="checkbox"/> Frequently late (more than 10 times a year)

Employment (continued)

Employer:	Type of Business:
Address:	Phone Number:
Employment Dates: From _____ To _____	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Pay:	Reason for Leaving:
Job Title:	Supervisor and Title:

Description of Job and Duties:

Employer:	Type of Business:
Address:	Phone Number:
Employment Dates: From _____ To _____	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Pay:	Reason for Leaving:
Job Title:	Supervisor and Title:

Description of Job and Duties:

Employer:	Type of Business:
Address:	Phone Number:
Employment Dates: From _____ To _____	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Pay:	Reason for Leaving:
Job Title:	Supervisor and Title:

Description of Job and Duties:

Employer:	Type of Business:
Address:	Phone Number:
Employment Dates: From _____ To _____	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Pay:	Reason for Leaving:
Job Title:	Supervisor and Title:

Description of Job and Duties:

Periods of Unemployment

Account for all periods of unemployment of one month duration or more since you left school until the present time.

FROM: TO: Please state what you were doing.

Mo./Yr. Mo./Yr.

Mo./Yr. Mo./Yr.

Mo./Yr. Mo./Yr.

Additional Qualifications

What knowledge, special skills, additional technical expertise, and/or individual capabilities do you have which prepare you for the position you have applied for?

List any job-related or other special recognition you have received (i.e., awards, community recognition, etc.).

Have you been convicted of a felony (excluding any record or conviction that has been judicially sealed, expunged, eradicated, or dismissed)? If yes, please describe: YES NO

Date available to begin work:

List hours and days you are available to work:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
FROM							
TO							

Candidate Statement

I have answered all questions to the best of my ability. If employed, I realize false information will be grounds for dismissal. I authorize any necessary inquiries as to my character, reputation, and ability and release those supplying any information from all liability. I understand that upon an offer of employment, I will be required to pass a drug test prior to employment. Also, I understand that upon an offer of employment, I may be required to pass a physical examination and provide proof of eligibility to work (legal work status).

By signing my name below, I understand that nothing contained in this application or in the interview process is intended to create an employment contract between the dealership and myself. Should this application result in my employment, I will be employed at will. This means that I have a right to terminate my employment at any time and for any reason and the dealership retains a similar right.

I hereby acknowledge that I have read and understand each of the above statements. This application is the exclusive, final, and complete agreement between me and the dealership regarding the length of my employment and the termination thereof.

Signature of Candidate:

Date:

Technical Experience - Service Technician Only
Only complete this page if you are applying for a service technician position.

This section lists skill areas associated with technician jobs. 1) Think about your performance during the past 5 years in each area, and match it with the rating scale shown below. 2) Enter your rating (1-4) for each area in the columns to the right of each area.

- 1 = **LITTLE OR NO EXPERIENCE** in this area.
- 2 = **LOW LEVEL OF EXPERIENCE** - Basic knowledge of this area. Can perform basic tasks (i.e., maintenance inspection, remove and replace components).
- 3 = **MODERATE LEVEL OF EXPERIENCE** - Full understanding of this area. Can effectively perform all standard tasks (i.e., more difficult maintenance, including disassembly, reassembly, adjustment or calibration; repair and overhaul components; and determine the causes of common system malfunctions).
- 4 = **HIGH LEVEL OF EXPERIENCE** - Complete understanding of unique aspects and operation of this area, including relationship to other systems. Can effectively perform complex as well as standard tasks (i.e., use troubleshooting equipment to resolve complex system malfunctions). This also includes the ability to train people who are at lower levels of knowledge or experience.

Technical Experience Areas	Rating (1-4)	Technical Experience Areas (continued)	Rating (1-4)
1. Performing oil changes and lube		9. Servicing automatic transmissions	
2. Performing battery diagnostics		10. Servicing manual transmissions, front and rear axles	
3. Doing tire mounting, balancing, and rotation		11. Servicing electrical systems	
4. Repairing/replacing belts and hoses		12. Servicing ABS Brakes (Anti-Lock Brakes)	
5. Repairing/replacing shocks and struts		13. Performing engine tune-up and performance	
6. Servicing basic braking systems		14. Doing minor engine repair	
7. Servicing heating and air conditioning		15. Doing major engine repair	
8. Servicing front end, suspension and steering repair			

Training and Certifications - Service Technician Only

This section contains areas in which you may have received formal technical training (i.e., trade school, factory school, military training, etc.). 1) Check the "Yes" or "No" box to indicate whether you have had formal training in a specific area. 2) If you checked "Yes" for formal training, also check what type of certification/degree you received as a result of the training and the date a certification expires. 3) If you have training or certifications in other areas, please enter them in the space provided.

Technical Areas	Have You Had Formal Training?		Do You Have Certifications/Degrees?			
	No	Yes	State	Exp. Date	ASE	Exp. Date
A. Electrical/electronic systems						
B. Brakes						
C. Heating and Air Conditioning						
D. Steering and suspension						
E. Manual Drivetrain and axles						
F. Automatic transmission/transaxle						
G. Engine performance						
H. Engine repair						
I. Others: (please list)						