## **Employment Application**

## Automotive Technician



**Step 1:** Please print legibly and complete all sections on both pages of this application.

Step 2: Please double check your completed application for accuracy.

Step 3: Please sign and date the application on the Page 2 once you have completed it.

name		
last	first	middle initial
current addressstreet	city	state zip code
day time phone number	·	•
how long have you resided at the above address?		
have you applied with A+ AUTOCARE before?		
did someone refer you to A+ AUTOCARE?		
<u>Gen</u>	eral Qualifications	
are you certified by any trade associations or ager	ncies? if "yes" what are your cer	tifications?
do you have a smog license?	and when does it expire	//
do you have your own hand tools?	if so, what is their approximate valu	ıe?\$
what diagnostic equipment are you experienced in	n using?	
please list any special skills you may have relative	to the job you are applying for	
are you willing to participate in any drug-free work	place program we presently have or pla	ce in effect?
do you have a valid drivers license?	and your own transportation?	
are you willing to supply us with authorization to a	cquire a state issued report of your drivi	ng record?
<u>Gen</u>	<u>ieral Qualifications</u>	
elementary school high school \	vocational training trade scho	ol college
(note: if you answered Yes to "trade school", "voca		
please elaborate on any trade school, vocational t	raining, or college courses you have tak	en relative to the position you
are applying for		, ,
other educational programs you have completed r	relative to the position you are applying f	or

## **Employment History**

## **Beginning With Your Present Employer**

from / to	/ /		
date month year da		company na	me
company address		average weekly take-home pay?	salary? hourly? flat rate?
the position you hel	d	the reason you are looking t	to leave the company?
from / / to date month year da	te month year	company na	me
company address		\$/ average weekly take-home pay?	salary? hourly? flat rate?
company address		average weekly take-nome pay?	Salary? Hourly? Hat rate?
the position you hel	d	the reason you are looking t	to leave the company?
from / / to date month year da	te month year	company na	me
company address		\$/ average weekly take-home pay?	salary? hourly? flat rate?
the position you hel	<u>d</u>	the reason you are looking t	to leave the company?
how soon would you be able to start v			
Only L	Refere	PNCES nown For More Than 1 Year	
name of a non-family member	ength of time known	relationship (friend, etc)	phone number
name of a non-family member	length of time known	relationship (friend, etc)	phone number
name of a non-family member	length of time known	relationship (friend, etc)	phone number
name of a non-family member	length of time known	relationship (friend, etc)	phone number
Acl	knowledgement	And Authorization	
This application is not an employment con at any time, for any cause, without notice into an employment agreement with me, of	tract, nor an agreement to l I further understand that I	no person other than the business ow	ner has the authority to enter

date of application

social security number

signature