



# AUTO CLINIC

## APPLICATION FOR EMPLOYMENT

TMT Auto Clinic, An Equal Opportunity Employer.

Last Name		First Name		Middle Initial		Social Security Number:	
Street Address			City/State		Zip Code		Date of Birth:
Phone Number:				If hired, can you provide evidence of legal eligibility to work in the U.S.?			
Position Desired:		Wage/Salary Desired:		Date you can begin work?			
Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon, or act of dishonesty for which the record has not been sealed or expunged, or do you have such a case pending?				If yes, when?		If yes, where?	
Name of high school attended:		City & State		Graduate Yes No		Degree	Year
Name of college or technical school:		City & State		Graduate Yes No		Degree	Year
Are you presently enrolled in school?		If yes, give name & address of school and expected degree date:					
List any job-related skills or accomplishments, including military service:							
<b>- Your Availability For Work -</b>							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Total hours per week you are available to work:				Do you have any special requests or needs for a work schedule?			
<b>- Give Three References That Are Not Former Employers Who We May Contact -</b>							
Name		Address and years known				Phone Number	

### Your Employment History

List names of employers with present or last employer listed first.  
Please note if we may not contact your present employer until after you are offered a position.

Name of Employer:	Job Title:
Address:	Duties:
City, State, Zip Code	Dates of Employment: From: _____ To: _____
Supervisor:	Hourly pay or salary:
Telephone:	Starting pay: _____ Ending pay: _____
	Reason for Leaving:
Name of Employer:	Job Title:
Address:	Duties:
City, State, Zip Code	Dates of Employment: From: _____ To: _____
Supervisor:	Hourly pay or salary:
Telephone:	Starting pay: _____ Ending pay: _____
	Reason for Leaving:
Name of Employer:	Job Title:
Address:	Duties:
City, State, Zip Code	Dates of Employment: From: _____ To: _____
Supervisor:	Hourly pay or salary:
Telephone:	Starting pay: _____ Ending pay: _____
	Reason for Leaving:

#### CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application are true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with TMT Auto Clinic, any employment relationship with the TMT Auto Clinic is considered "employment at will." This means the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause, and with or without advance notice.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature: _____	Date: _____
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