



# EMPLOYMENT APPLICATION

## APPLICANT INFORMATION

LAST NAME	FIRST NAME & MIDDLE INITIAL	SSN	DATE OF BIRTH
MAILING ADDRESS			
PHONE 1	PHONE 2	EMAIL ADDRESS	
Do you have a Valid Driver's License?		Are you a U.S. citizen?	
DVOM Experience?		Do you have reliable transportation?	
Scan tool experience? List all:		Do you own your own tools?	
Convicted of a felony? Please Explain:		Are you familiar with Digital Inspections?	

ASE Certifications? Please list:			
List years experience exclusively as an Automotive Technician in an Independent Shop or Dealership, Explain if necessary:			
List Vehicles Specialized in:	List Areas Specialized in?	HOURLY RATE or SALARY DESIRED	AVAILABLE START DATE

## EDUCATION

SCHOOL NAME	LOCATION	YEARS ATTENDED	MAJOR & DEGREE EARNED
OTHER / APPLICABLE TRAINING			
APPLICABLE SKILLS / PROFICIENCIES			

**REFERENCES**

NAME	COMPANY & POSITION	RELATIONSHIP	PHONE

**EMPLOYMENT HISTORY**

EMPLOYER NAME	POSITION HELD	START DATE	END DATE
MAILING ADDRESS			
SUPERVISOR NAME	PHONE	EMAIL ADDRESS	
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING
EMPLOYER NAME	POSITION HELD	START DATE	END DATE
MAILING ADDRESS			
SUPERVISOR NAME	PHONE	EMAIL ADDRESS	
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING
EMPLOYER NAME	POSITION HELD	START DATE	END DATE
MAILING ADDRESS			
SUPERVISOR NAME	PHONE	EMAIL ADDRESS	
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING

**SIGNATURE**

PRINTED NAME	SIGNATURE	DATE