

Employment Application for Service Advisors

Instructions

- #1. This application must be completed in your own handwriting
- #2. Print legibly and complete all sections on both sides of the application
- #3. Sign and date the application on the reverse side once you have completed it

Name _____
Last First Middle Initial Date of Birth

Current Address _____
Street City State Zip

How long have you resided at the above address? _____

Cell Phone _____ E-Mail Address _____

Day Time Phone Number _____ Evening Phone Number _____

If you were referred to our company, who referred you? _____

Are you a U.S. Citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes _____ No _____

Are there any hours, shifts, or days you cannot or will not work? _____

Are you willing to work overtime as required? Yes _____ No _____

Do you have a physical or medical condition which would limit your capacity for the job? Yes _____ No _____. If yes, what can we do to accommodate your limitations? _____

Qualifications

If you are certified by any trade associations or agencies, please list all your certification with expiration dates: _____

What business management systems are you familiar with? _____

Please rate your Sales skills on a level of #1 - #10 # _____

At your current place of employment, or your most recent job:

Average number of repair orders written per day? _____ Number of technicians? _____

Average weekly sales? _____

High School graduate _____ Trade School graduate _____ College Degree _____

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

Please list all sales and management courses you have taken within the past 2 years:

Activities & Interests (hobbies, etc.) _____

Are you willing to authorize a criminal background investigation and participate in our drug-free workplace program? _____

Have you ever been convicted of a felony? _____

Do you have a valid driver's license? _____ Do you have a clean driving record? _____ Are you willing to supply us with a state issued report of your driving record? _____

If hired, when would you be able to start? _____ Wage or Salary Desired \$ _____

Application is continued on the other side



Employment History

Begin with your present employer

May we contact your present employer? ____ Yes ____ No

1.

Most Recent Employer	Address	Phone Number
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Date Started	Starting Salary	\$ Per	Position
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Date Left	Ending Salary	\$ Per
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Name and Title of Supervisor

Description of Duties	Reason for Leaving
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May we contact your previous employer? ____ Yes ____ No

2.

Previous Employer	Address	Phone Number
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Date Started	Starting Salary	\$ Per	Position
--------------	-----------------	--------	----------

Date Left	Ending Salary	\$ Per
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Name and Title of Supervisor

Description of Duties	Reason for Leaving
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May we contact your present employer? ____ Yes ____ No

3.

Previous Employer	Address	Phone Number
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Date Started	Starting Salary	\$ Per	Position
--------------	-----------------	--------	----------

Date Left	Ending Salary	\$ Per
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Name and Title of Supervisor

Description of Duties	Reason for Leaving
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May we contact your present employer? ____ Yes ____ No

4.

Previous Employer	Address	Phone Number
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Date Started	Starting Salary	\$ Per	Position
--------------	-----------------	--------	----------

Date Left	Ending Salary	\$ Per
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Name and Title of Supervisor

Description of Duties	Reason for Leaving
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Employment History
Begin with your present employer

May we contact your present employer? ___ Yes ___ No

5.

Most Recent Employer	Address	Phone Number
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Date Started	Starting Salary	\$ Per	Position
--------------	-----------------	--------	----------

Date Left	Ending Salary	\$ Per	
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Name and Title of Supervisor

Description of Duties	Reason for Leaving
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May we contact your previous employer? ___ Yes ___ No

6.

Previous Employer	Address	Phone Number
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Date Started	Starting Salary	\$ Per	Position
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Date Left	Ending Salary	\$ Per	
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Name and Title of Supervisor

Description of Duties	Reason for Leaving
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May we contact your present employer? ___ Yes ___ No

7.

Previous Employer	Address	Phone Number
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Date Started	Starting Salary	\$ Per	Position
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Date Left	Ending Salary	\$ Per	
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Name and Title of Supervisor

Description of Duties	Reason for Leaving
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May we contact your present employer? ___ Yes ___ No

8.

Previous Employer	Address	Phone Number
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Date Started	Starting Salary	\$ Per	Position
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Date Left	Ending Salary	\$ Per	
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Name and Title of Supervisor

Description of Duties	Reason for Leaving
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