**Application for Technicians**

**Instructions**

**#1** ... **please print legibly and complete all sections on both sides of the application**

**#2** ... **this application must be completed in your own handwriting**

**#3** ... **double-check your completed application for accuracy**

**#4** ... **sign and date the application on the reverse side once you have completed it**

name

last first middle initial

c urrent address

s tree t city state zip code

day time phone number

evening phone number

cell phone \_

e-mail address ---------------------------------------------

how long have you resided at the above address?

did someone ref er you to our company? \_ if "yes", who?

**Qualifications**

are you certified by any trade associations or agencies? If "yes" please lis t all your certifications with expiration dates:

do you have a s tate issued smog license? if so, when does it expire? / /

what is the approximate value of your tools and equipment? $ \_

what Diagnostic equipment are you experienced in using? ------------------------------------------------- which R epair or Es timating Programs are you proficient with : --------------------------------------------------

please rate your Diagnostic S kills on a level of # 1 - # 1 0 #

please rate your R epair Skills on a level of # 1 - # 1 0 #

please list 5 separate words that best describe you:

High school graduate

Trade school graduate College Degree \_

are you able to pr ovide a resume that reflects your educational his tory?

please list any technical courses you have taken within the past 2 years:

activities & interes ts (hobbies, etc) have you ever been convicted o f a f elony? \_ are you willing to authorize a criminal bac kground investigation? are you willing to participate in any drug free workplace pr ogram we presently have, or put into eff ect?

do you have a valid driver’s license? are you willing to supply us with a state issued report of your driving record?

 If hired, when would you be able to start? \_

**Employment History**

***beginning with your present employer***

from / /

to /  *)*

date month year date month year company name

$

company address gross pay- hourly? salary? commission? salary plus commission?

city and state why did you leave, or why are you looking to leave the company?

from / /

to / /

date month year date month year company name

$

company address gross pay- hourly? salary? commission? salary plus commission?

city and state why did you leave the company?

from / /

to / /

date month year date month year company name

$

company address gross pay- hourly? salary? commission? salary plus commission?

city and state why did you leave the company?

can we contact all your past employers? and your present employer? \_

**References**

***only list the people you have known more than a year***

**Please include 3 Friends, 1 Service Advisor and 1 Technician**

name of a non-family member length of time known relationship area code and phone number name of a non-family member length of time known relationship area code and phone number name of a non-family member length of time known relationship area code and phone number name of a non-family member length of time known relationship area code and phone number

name of a non-family member length of time known relationship area code and phone number

**Acknowledgement and Authorization**

***IMPORTANT INFORMATION!***

This application is not an employment contract, nor an agreement to interview, and I understand that any employment can be terminated at any time, for any cause, without notice. I further understand that no person other than the business owner has the authority to enter into an Employment agreement with me, or make any guarantee as to the length, terms or conditions of any such employment. I certify that to the best of my knowledge all of the information contained in this application is correct. I also authorize the investigation of all statements contained in this application and I understand that any misrepresentation, falsification, or omission of facts from this application, will be cause for immediate dismissal.

# ----- --------

signature date of application social security number