



Date: _____

Referred by: _____

Social Security Number _____

Name _____
 (Last) (First) (Middle)

Address _____
 (Number) (Street) (City) (County)

 (State) (Zip code) Current Phone or nearest phone _____

Previous Address _____
 (Number) (Street) (City) (State) (Zip code)

If hired, can you furnish proof of age? Yes No Are you a U.S Citizen Yes No
 Are you licensed to drive a car? Yes No Are you 18 or older Yes No
 Is your license valid in this state? Yes No
 if NO, what state? _____

E D U C A T I O N	Attended	Years	Name of School	City, State	Graduate	Course or College	Grades
	High School						
	Tech						
	College					Degree:	
	Other						

SERVICE	U.S Military Service	Branch of Service	Date Entered	Date of Discharge	Highest Rank Held

What experience or training have you had other than work experience, military service and education?

I am interested in the type of work I have checked: Lube Shop _____ Auto Repair Shop _____ Office _____

I am seeking: Temporary Employment _____ Regular Employment _____

If temporary, indicate dates available: _____

I am available for: Part Time Employment _____ Full Time Employment _____

If part time, indicate maximum hours per week: _____

Are there any hours of days during the week when you would no be available to work: Yes _____ No _____

If Yes, please explain: _____

Have you ever been convicted of, or pled guilty to, a crime during the past 7 years? You do not need to identify any convictions that has been legally sealed, expunged, pardoned or otherwise statutorily eradicated, and can respond to this question without reference to any such conviction. Yes _____ NO _____ If Yes, explain. A conviction will not necessarily disqualify you from employment, but will be considered only if it may relate to the job you are seeking:

Employment History

List below your most recent employers, beginning with the current or most recent one.

If you have had less than 4 employer, use the remaining spaces for personal references.

If you were employed under a maiden or other name, please enter that name in the right hand margin if applicable

Enter service in the armed forces on the first page.

Month, Date and Year	Name of employer and address of employer	Salary (per hour) upon leaving	Position	Reason of leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

References: List below 3 people not related to you, whom you have known at least 1 year

Name	Address	Telephone	Position	Years

Emergency Contact: Please list the person you give permission to be contacted in case of emergency

Name	Address	Relationship	Cell Phone and home phone

I certify that the information in this application is correct to the best of my knowledge and understand that any misstatement or omission of information is grounds for disqualification from any further consideration or for dismissal in accordance with the company policy. I authorize the references listed above to give you any and all information concerning my previous employment. I agree to conform to the rules and regulations of the company and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the company or myself. I understand that no manager or representative of the company other than the President or Vice President of the company has the authority to enter into an agreement for the employment for any specified periods of time, or to make any agreement contrary to the foregoing. I further understand and agree to submit to a pre-employment/post-offer SUBSTANCE ABUSE TEST

Applicant's Signature: _____

Date: _____

Applicants Printed Name: _____