

APPLICANT INFORMATION															
Last Name				First				M.I.		D.O.B.					
Street Address						Apartment/Unit #									
City				State				ZIP							
Phone				E-mail Address											
Date Available				Social Security No.				Desired Salary							
Position Applied for															
Are you currently employed?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		Are you looking for full-time employment?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Do you own general Automotive tools?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain							
Do you own Automotive <u>Air</u> tools?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain							
Have you removed the engine assembly from more than 20 separate vehicles? YES <input type="checkbox"/> NO <input type="checkbox"/> Transmission? YES <input type="checkbox"/> NO <input type="checkbox"/>															
Vehicle makes you have worked on?															
EDUCATION															
High School				Address											
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
College				Address											
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
Other				Address											
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
REFERENCES															
<i>Please list three professional references.</i>															
Full Name				Relationship											
Company				Phone											
Full Name				Relationship											
Company				Phone											
Full Name				Relationship											
Company				Phone											

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date