

Employment Application for Technicians

Instructions

**Please complete in your own handwriting*

**Print legibly and complete all sections on both sides of the application*

**Sign and date the application on the reverse side once you have completed it*

Name: _____

Address: _____

How long have you resided at the above address? _____

Cell Phone : _____ Email: _____

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

Qualifications

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

Do you have a NYS Inspector License? _____ If yes, when does it expire? _____

What is the approximate value of your tools and equipment? \$ _____

What diagnostic equipment are you experienced in using?

Which repair or estimating programs are you proficient with?

Please rate your Diagnostic Skills on a level of #1 - #10 # _____

Please rate your Repair Skills on a level of #1 - #10 # _____

High School Graduate _____ Attending Trade School _____ Graduated Trade School _____

Attended College _____ Graduated College _____ Degree _____ Are you able to provide a resume that reflects your educational history? _____

Please list all technical 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? _____

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

Begin with your present employer

From: _____ to _____ Company Name: _____

Company Address: _____

Salary type (Circle) Salary Hourly Commission Flat Rate

From: _____ to _____ Company Name: _____

Company Address: _____

Salary type (Circle) Salary Hourly Commission Flat Rate

From: _____ to _____ Company Name: _____

Company Address: _____

Salary type (Circle) Salary Hourly Commission Flat Rate

From: _____ to _____ Company Name: _____

Company Address: _____

Salary type (Circle) Salary Hourly Commission Flat Rate

Can we contact your past employers? _____ Present employer? _____

References

Only list people you have known more than a year

Name of a service advisor

Length of time known

Phone Number

Name of a technician

Length of time known

Phone Number

Name of a friend

Length of time known

Phone Number

Acknowledgement & Authorization

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 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

Social Security Number