

APPLICATION FOR EMPLOYMENT

ALL EMPLOYMENT DECISIONS ARE MADE WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, AGE, MILITARY BACKGROUND, DISABILITY, MARITAL STATUS, HEIGHT, WEIGHT, GENETIC INFORMATION OR ANY OTHER LEGALLY PROTECTED STATUS.

Name (Please print - last, middle, first) _____ Social Security Number _____

Other Names Used (including previous last names) _____

Home Telephone Number _____ Cell Phone Number _____

Present Address _____
 City _____ State _____ Zip _____ From _____ To _____

Previous Address _____
 City _____ State _____ Zip _____ From _____ To _____

In case of Emergency Notify Name _____ Relationship _____ Address _____ Telephone No. _____	Position Desired _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Wages Desired _____ Date you can start work _____ List hours of availability below each day:	How did you learn about this job?
	M T W TH F S	

Ever applied to this Company before? Yes No What Department? _____ When? _____

If related to anyone in our employ, give name and relationship: _____

Are you a citizen of the U.S.? Yes No If no, do you have a permit which allows you to work in the U.S.? _____

Do you have a valid unrestricted operator's license? Yes No Do you own/lease a car? Yes No

State: _____ Driver's License Number: _____

Has your operator's license ever been suspended, revoked or restricted? Yes No If yes, when & why? _____

Have you been in an auto accident in the past three years? Yes No

Have you ever been refused surety bond? Yes No If yes, when and why? _____

Have you ever been convicted of a crime? Yes No If yes, describe in full: _____

Have you ever been discharged or required to resign from a position? Yes No

Are you on a lay-off and subject to recall? Yes No

If hired, is there anything which would prevent you from reporting to work each day on time to perform your job duties? Yes No

If you are under 18, can you furnish a work permit? Yes No

WORK TIME LOST LAST YEAR DUE TO TARDINESS OR ABSENTEEISM HOURS _____ DAYS _____	BRANCH OF MILITARY SERVICE, IF ANY: RANK: _____
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SHOW ACTUAL EXPERIENCE BY CHECKING THE FOLLOWING							
<input type="checkbox"/> Service Mgr	<input type="checkbox"/> Bodyman	<input type="checkbox"/> Lubrication	<input type="checkbox"/> Porter	<input type="checkbox"/> Office Clerk	<input type="checkbox"/> Used Car Salesperson		
<input type="checkbox"/> Parts Manager	<input type="checkbox"/> Painter	<input type="checkbox"/> New Car Prep.	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Phone Op./Recept.	<input type="checkbox"/> New Car Salesperson		
<input type="checkbox"/> Sales Manager	<input type="checkbox"/> Mechanic	<input type="checkbox"/> Washer/Polish.	<input type="checkbox"/> Cashier	<input type="checkbox"/> Computer Operator	<input type="checkbox"/> Truck Salesperson		
<input type="checkbox"/> Office Manager	<input type="checkbox"/> Helper	<input type="checkbox"/> Parts Counter	<input type="checkbox"/> Biller	<input type="checkbox"/> Warranty Clerk	<input type="checkbox"/> Finance/Ins. Person		
<input type="checkbox"/> Body Shop Mgr	<input type="checkbox"/> Tower Op.	<input type="checkbox"/> Parts Clerk	<input type="checkbox"/> Acc. Pay./Rec.	<input type="checkbox"/> Bookkeeper	<input type="checkbox"/> Watchman		
<input type="checkbox"/> Shop Foreman	<input type="checkbox"/> Service Advisor	<input type="checkbox"/> Parts Driver	<input type="checkbox"/> Sec./Typist	<input type="checkbox"/> Messenger	<input type="checkbox"/> Other		

If applicable, check in which areas of repair you are certified by the Michigan Department of State:

<input type="checkbox"/> Engine tune up	<input type="checkbox"/> Front end and steering systems	<input type="checkbox"/> Manual transmission and/or axles
<input type="checkbox"/> Engine repair	<input type="checkbox"/> Automatic transmission	<input type="checkbox"/> Heating and air conditioning
<input type="checkbox"/> Brakes, braking systems	<input type="checkbox"/> Electrical systems	<input type="checkbox"/> Collision - repair

Michigan Mechanic's Certification # _____ Expiration Date _____