APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME (LAST NAME FIRST)				SOCIAL SECURITY NO.

PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP

PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP

ARE YOU 18 YEARS OR OLDER? ☐ YES ☐ NO   PHONE

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED

ARE YOU EMPLOYED NOW? ☐ YES ☐ NO   IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ☐ YES ☐ NO

EVER APPLIED TO THIS COMPANY BEFORE? ☐ YES ☐ NO	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE? ☐ YES ☐ NO	WHERE?	WHEN?

REASON FOR LEAVING

NAME OF LAST SUPERVISOR AT THE COMPANY

WHO REFERRED YOU TO THIS COMPANY?
☐ EMPLOYMENT AGENCY   ☐ NEWSPAPER ADVERTISING   ☐ FRIEND
☐ STATE EMPLOYMENT OFFICE   ☐ COLLEGE PLACEMENT SERVICE   ☐ WALK IN   ☐ OTHER

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL TRAINING

SPECIAL SKILLS

IF APPLYING FOR A DISMANTLER, MECHANIC OR YARD POSITION, DO YOU HAVE YOUR OWN TOOLS?   ☐ YES   ☐ NO

WHAT IS THE PRIMARY BRAND OF TOOLS OWNED?

REFERENCES
BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

1			
2			
3			

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? ☐ YES ☐ NO

IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE _____   SIGNATURE _____

FORMER EMPLOYERS
LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
▬▬▬▬▬▬▬	▬▬▬▬▬▬▬	MAY WE CONTACT YOUR SUPERVISOR?	☐ YES	☐ NO
NAME OF SUPERVISOR		TITLE		PHONE
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
▬▬▬▬▬▬▬	▬▬▬▬▬▬▬	MAY WE CONTACT YOUR SUPERVISOR?	☐ YES	☐ NO
NAME OF SUPERVISOR		TITLE		PHONE
DESCRIPTION OF WORK				
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STARTING DATE	LEAVING DATE		JOB TITLE	
▬▬▬▬▬▬▬	▬▬▬▬▬▬▬	MAY WE CONTACT YOUR SUPERVISOR?	☐ YES	☐ NO
NAME OF SUPERVISOR		TITLE		PHONE
DESCRIPTION OF WORK				
REASON FOR LEAVING				

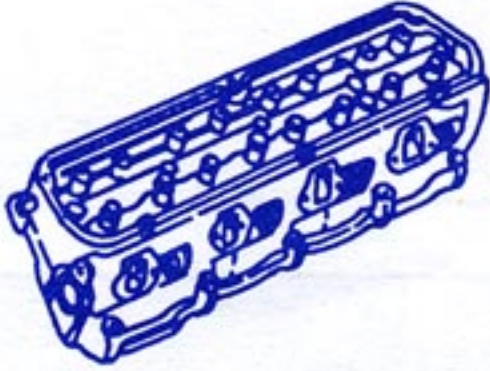# PART IDENTIFICATION QUIZ
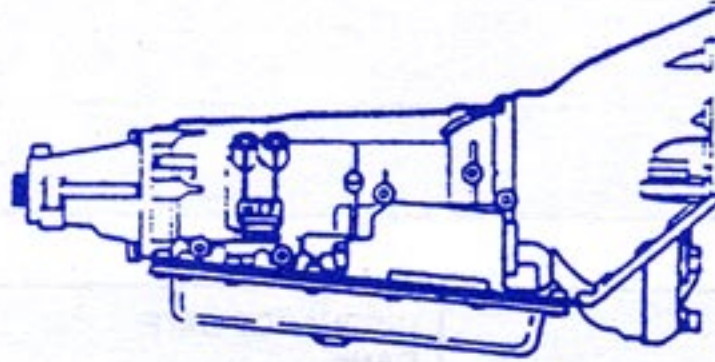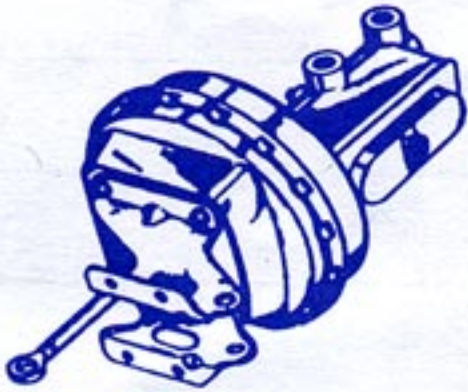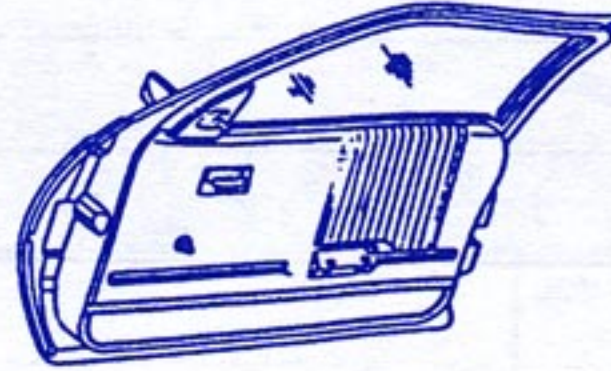## PLEASE IDENTIFY EACH OF THE FOLLOWING AUTOMOTIVE PARTS
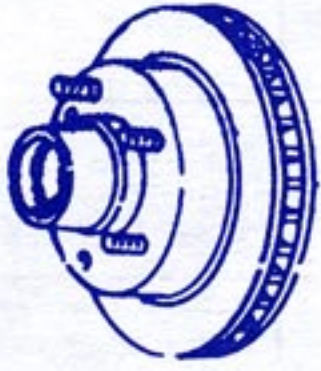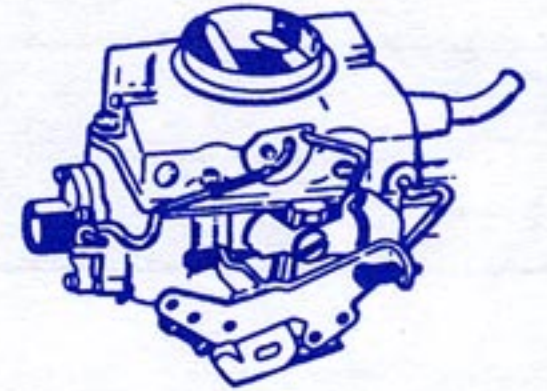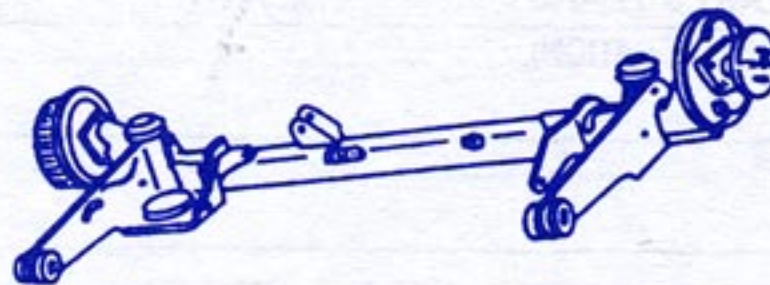
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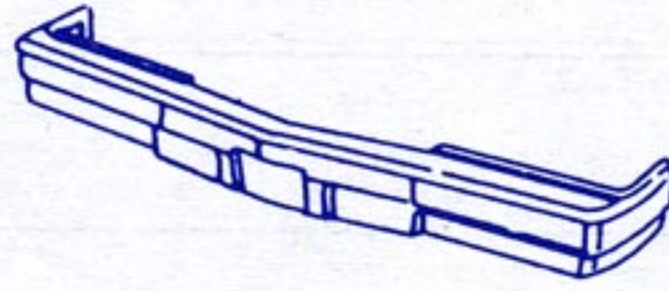
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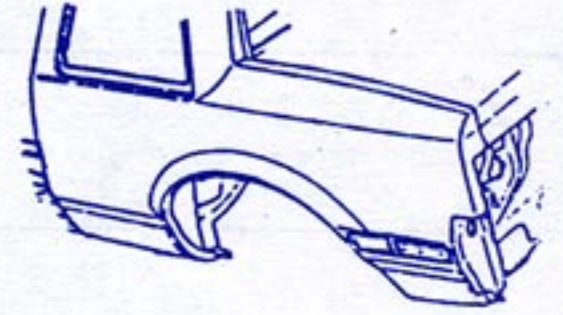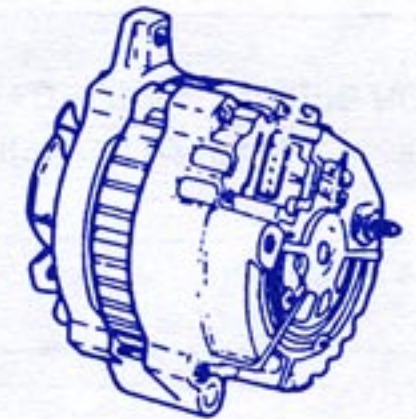
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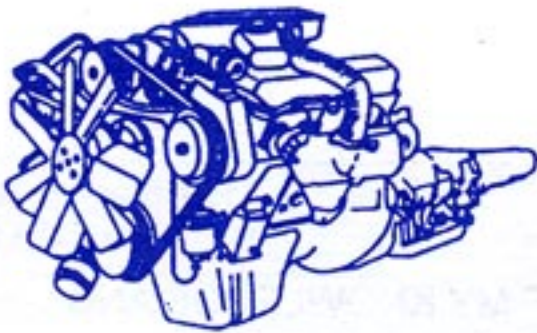
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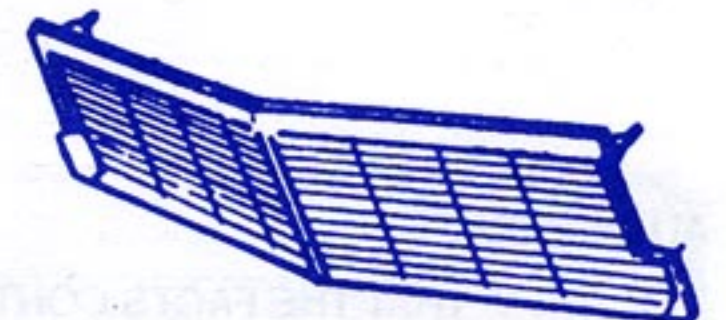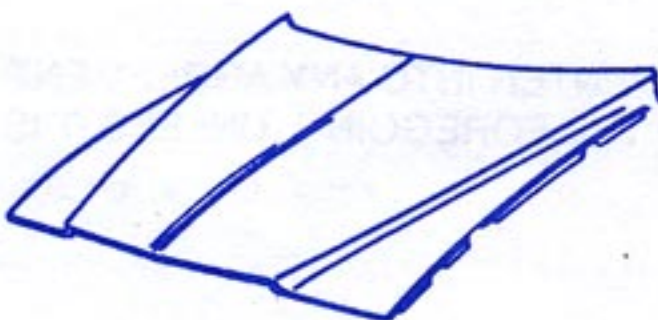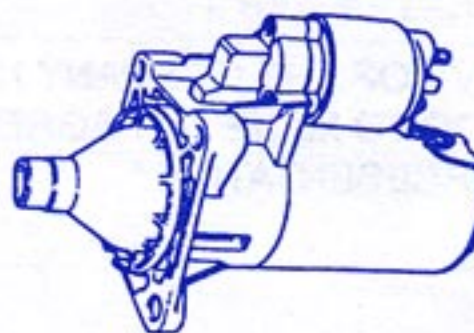
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