

# Application for Employment

# Automotive Solutions

PLEASE PRINT

IT IS MANDATORY FOR THIS APPLICATION TO BE COMPLETELY FILLED OUT -- DO NOT INDICATE "SEE ATTACHED RESUME."

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Telephone # (\_\_\_\_) \_\_\_\_\_ Mobile/Beeper/Other Phone # (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit?  Yes  No

If no, please explain \_\_\_\_\_

Have you ever been employed here before? It yes, give dates and positions  Yes  No

Are you legally eligible for employment in this country?  Yes  No

Date available for work \_\_\_\_ / \_\_\_\_ / \_\_\_\_ What is your desired salary range \_\_\_\_\_ \$ \_\_\_\_\_

Type of employment desired  Full-Time  Part Time  Temporary

Are you able to meet the attendance requirements of the position?  Yes  No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?  Yes  No

If yes, please provide date(s) and details \_\_\_\_\_

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT (A CRIMINAL HISTORY CHECK MAY BE RUN TO VERIFY THIS INFORMATION),

Driver's license number and Class Type (if required for this job) \_\_\_\_\_ State \_\_\_\_\_

## Employment History

Provide the following information of your past four (4) employers, assignments or volunteer activities, starting with the most recent.

1. FROM _____ TO _____	EMPLOYER _____	TELEPHONE # _____ (____)
STARTING JOB TITLE / FINAL JOB TITLE _____	ADDRESS _____	
IMMEDIATE SUPERVISOR AND TITLE _____	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES _____	
MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		
REASON FOR LEAVING _____	HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
2. FROM _____ TO _____	EMPLOYER _____	TELEPHONE # _____ (____)
STARTING JOB TITLE / FINAL JOB TITLE _____	ADDRESS _____	
IMMEDIATE SUPERVISOR AND TITLE _____	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES _____	
MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		
REASON FOR LEAVING _____	HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
3. FROM _____ TO _____	EMPLOYER _____	TELEPHONE # _____ (____)
STARTING JOB TITLE / FINAL JOB TITLE _____	ADDRESS _____	
IMMEDIATE SUPERVISOR AND TITLE _____	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES _____	
MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		
REASON FOR LEAVING _____	HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
4. FROM _____ TO _____	EMPLOYER _____	TELEPHONE # _____ (____)
STARTING JOB TITLE / FINAL JOB TITLE _____	ADDRESS _____	
IMMEDIATE SUPERVISOR AND TITLE _____	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES _____	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		
REASON FOR LEAVING _____	START \$ _____ PER _____ FINAL \$ _____ PER _____	

AN EQUAL OPPORTUNITY EMPLOYER

**Job Related Skills and Qualifications (use additional sheet of paper if necessary)**

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying -- include years of experience).

**Educational Background (use additional sheet of paper if necessary)**

NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
HIGH SCHOOL				
COLLEGE		MAJOR	DEGREE	
COLLEGE OR OTHER				

**References (Please list names of those not listed as employers on reverse)**

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
	( )	
	( )	
	( )	

**Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Automotive Solutions is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the appropriate Automotive Solutions Officer.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that the position I am applying for may require a criminal history check (required to verify question #7 on page 1). I hereby consent to the background check and understand that if I do not consent, it could result in my application not being considered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

**I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_