

APPLICANT NAME:

DATE:



Employment Application

We are an equal opportunity employer and do not discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services and program is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

APPLICATION INSTRUCTIONS

1. This applications must be completed in your own handwriting
2. Print legibly and complete all sections on both sides of the application
3. Sign and date the application once it is completed

PERSONAL DATA

Last Name	First Name	Middle Name
Address		
City	State	Zip Code
Home Phone	Cell Phone	
Email Address	Social Security Number	
Type of Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time	Salary/Wage Expectations:	

How did you find about this position?	When would you be able to start?
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Why do you feel you are qualified for this position?

Are you currently employed?	If so, where?
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Do you use tobacco? Yes No

What level of technician would you classify yourself as? (Circle A, B, C or D)

A- Level Technician is an ASE Master Technician Highly Skilled in all levels of repair, diagnostics and maintenance
B- Level Technician is an ASE Certified Mechanic that will have strengths and weaknesses in all areas
C- Level Technician is proficient in oil changes, brakes and other basic repairs
D- Level Technician would be an apprentice just entering into the industry

How long have you been at your present address?	Do you have a valid Driver's License? If Yes, are you insurable?
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Have you ever been convicted of any crime(s), either misdemeanor or felony (other than minor traffic infractions)? Yes No *If yes, please provide thorough explanation:*

Activities and Interests (exclude any organization or society name of which indicates the race, religious creed, color, national origin or ancestry of its members).

List any other skills, qualifications or experience that may help in this position:

Please give me **5** words that describe you

1. 2. 3. 4. 5.

What is on your "Wish List" over the next few years?

WORK EXPERIENCE

List your last 4 employers, include any military experience.

If presently employed may we contact your present employer? Yes No



Current Position		Name and Address		City, State Zip	
Telephone	Name of Supervisor	Position Held		Date Started	
Main Duties:					
Reason for Wanting to Leave:				Current Rate of Pay	
If you could have changed anything at this job, what would you have changed?					



2nd Last Position		Name and Address		City, State Zip	
Telephone	Name of Supervisor	Position Held		From(YY/MM)	To (YY/MM)
Main Duties:					
Reason for Leaving:				Final Rate of Pay	
If you could have changed anything at this job, what would you have changed?					

3rd Last Position Name and Address		City, State Zip		
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Telephone	Name of Supervisor	Position Held	From(YY/MM)	To (YY/MM)

Main Duties:

Reason for Leaving:	Final Rate of Pay
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If you could have changed anything at this job, what would you have changed?



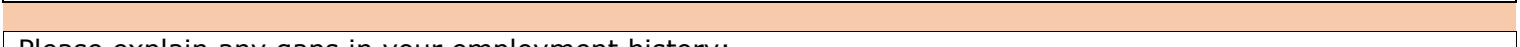
4th Last Position Name and Address		City, State Zip		
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Telephone	Name of Supervisor	Position Held	From(YY/MM)	To (YY/MM)

Main Duties:

Reason for Leaving:	Final Rate of Pay
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If you could have changed anything at this job, what would you have changed?



Please explain any gaps in your employment history:



What do you believe these employers would say if I called them?



Which of your jobs did you like best? And why?

REFERENCES

Only list people you have known for more than a year

Name of a Service Advisor/Employer	Length of Time Known	Phone	Email Address
Name of a Technician	Length of Time Known	Phone	Email Address
Name of a Technician	Length of Time Known	Phone	Email Address
Name of a Technician	Length of Time Known	Phone	Email Address
Name of a Friend	Length of Time Known	Phone	Email Address
Name of a Friend	Length of Time Known	Phone	Email Address
Name of a Friend	Length of Time Known	Phone	Email Address

EDUCATION

Name of School		Location of School	Graduated?		Completed Years / Mo.		Degree Received	Major Subject
High School			Yes	No				
Business or Trade School			Yes	No				
College or University			Yes	No				

Do you plan to continue your education? Yes No If Yes, When? _____

ASE CERTIFICATIONS

Please select all that apply and include expiration dates

	Expires		Expires
<input type="checkbox"/> Engine Repair		<input type="checkbox"/> Heating / Air Conditioning	
<input type="checkbox"/> Automatic Transmission/Transaxle		<input type="checkbox"/> Engine Performance	
<input type="checkbox"/> Manual Drive Train/Axles		<input type="checkbox"/> L1 Advanced Engine Performance	
<input type="checkbox"/> Suspension & Steering		List any other ASE Certificates here:	
<input type="checkbox"/> Brakes			
<input type="checkbox"/> Electrical / Electronics			

SKILL AND EXPERIENCE ASSESSMENT

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?

What technical courses/training or seminars have you attended in the last year?

Below, rank the make of cars you feel you have the most experience in:

1. 2. 3. 4. 5.

Below, rank the make of cars you feel you have least or no experience in:

1. 2. 3. 4. 5.

On a scale of 1 to 10 how comfortable are you using a PC, Microsoft Windows and typing in general?

Below, rate your experience on the following systems:

	Master Tech	Journey Level	Apprentice Level	Little or None
Engine Performance/Tune	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical & Computer Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emission Testing and Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating & Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engine Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brake, Suspension and Steering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Transmissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Transmissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine Maintenance & Servicing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any physical problems that will restrict your abilities to service and repairs cars, such as lifting heavy objects like wheel's, cylinder heads, etc. or bending over long periods of time while working under the hoods of cars, color blindness, eye issues, hearing issues? Yes No If Yes, please explain:

If you were to create a maintenance schedule for an average 10 year old car, what mileage/month intervals would you recommend the services be for:

Oil Changes		Coolant	
ATF Service		"Lifetime" Coolant	
Shocks/Struts		Hoses	
Brake Fluid		Belts	

RELEASE AND AUTHORIZATION STATEMENT

The information given is true and correct, and I understand that if I am employed, any misrepresentation, false statement, or omission of consequence herein, found by you at the time, will be sufficient cause to terminate my employment. I authorize the verification of any or all information as listed above. As a condition of employment, if employment is offered, I must be authorized to work in the U.S. and demonstrate that authorization as required by the Immigration Reform and Control Act of 1986.

I also understand that neither the application nor a commitment of employment by Osborn Automotive Inc. constitutes a contract of employment. If a contract is to exist, that document will be executed in writing by Osborn Automotive Inc. I understand that this application for employment is valid for no more than 60 days. After that, I must resubmit and application in order to be considered for positions with Osborn Automotive Inc.

Applicant Signature

Print Name

Date