



TWIN CITY AUTO

APPLICATION FOR EMPLOYMENT

FEDERAL LAW PROHIBITS DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, DISABILITY, SEX OR NATIONAL ORIGIN, AS WELL AS DISCRIMINATION ON THE BASIS OF AGE AGAINST PERSONS BETWEEN THE AGE OF 40 AND 65 INCLUSIVE. SOME STATE AND CITY LEGISLATION PROHIBITS DISCRIMINATION BECAUSE OF AGE, MARITAL STATUS, SEXUAL PREFERENCE, RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN. CONSULT COMPETENT COUNSEL FOR FURTHER INTERPRETATION.

PLEASE PRINT CLEARLY

Date ___/___/___

PERSONAL

First _____ Middle _____ Last _____
 Street and number _____ Social Security No. _____ - _____ - _____
 City/State _____ Zip _____ Telephone No. _____
 How many addresses have you had in the last 5 years? ___ Email address _____
 How did you find out about this job? Newspaper Referral Other
 Driver License # _____ State Issued _____ Expiration Date _____ Is it valid? Yes No
 If hired, do you have a reliable means of transportation to get to work? Yes No Are you at least 16 years old? Yes No
 Rate of pay desired _____ Least acceptable salary _____ What would you like to make a year? _____
 Are you a U.S. citizen? Yes No If no, do you have the legal right to work in the U.S. (i.e., green card) Yes No

EMPLOYMENT DATA *Please use the back of this sheet if more space is needed.*

Are you seeking employment that is: Temporary Full time Part time
 What position(s) are you applying for? Service Manager (Must be able to run shop) Service Advisor (must be able to write service for 2 Technicians) Service advisor Assistant (assist Service Advisor)
 What hours and shift(s) would you prefer to work? _____
 Please indicate any shift(s) you would not be available to work? _____
 Are you willing to work overtime? Yes No Weekends? Yes No
 Years in this industry _____ Do you have any special skills? _____
 Are you currently employed? Yes No When are you available to work? _____ Can you come in for a working interview and observe? Yes No Are you available to do this in the mornings? Yes No If not, when? _____
 Have you ever worked for this company before? Yes No If yes, when? _____
 List any friends or relatives employed by this company: _____
 Are you on layoff and subject to recall? Yes No
 Have you ever been discharged or asked to resign from any position? Yes No
 If yes please describe: _____
 How many days have you missed from school or work within the last 12 months? _____ Been Late? _____
 How many days of work have you missed in the last three years for other than sickness? _____
 Please describe: _____
 Answer this question only after reviewing a description of the job applied for: See attached job description.
 Do you have a physical or medical condition, which would limit your capacity for the job? Yes No
 If yes, what can be done to accommodate your limitation? _____

EDUCATION *Please circle highest level attained*

Elementary 1 2 3 4 5 6 7 8 High School 9 10 11 12 G.E.D. School and City: _____
 College or trade school 1 2 3 4 5 6 School & City: _____
 Degree & Major: _____
 If currently in high school, are you enrolled in a recognized co-op or training program: (such as D.E., C.V.A., V.O.E.)? Yes No

MILITARY SERVICE

Are you a veteran? Yes No If yes, gives dates of service: From _____ to _____ Special skills or training: _____

WORK HISTORY					
1 Company	Address	Phone	From		To
			Mo.	Yr.	Mo.
Job Title	Give specific reasons for leaving	Supervisor's name & title			
Describe duties briefly		Starting Salary	Ending Salary		
2 Company	Address	Phone	From		To
			Mo.	Yr.	Mo.
Job Title	Give specific reasons for leaving	Supervisor's name & title			
Describe duties briefly		Starting Salary	Ending Salary		
3 Company	Address	Phone	From		To
			Mo.	Yr.	Mo.
Job Title	Give specific reasons for leaving	Supervisor's name & title			
Describe duties briefly		Starting Salary	Ending Salary		
3 Company	Address	Phone	From		To
			Mo.	Yr.	Mo.
Job Title	Give specific reasons for leaving	Supervisor's name & title			
Describe duties briefly		Starting Salary	Ending Salary		

May we contact the employers listed above? Yes No If not, tell us which one(s) you do not wish us to contact and why.

How many jobs have you had in the last 10 years that are not listed above? _____

Why are you seeking a new position at this time? _____

What is the job you have enjoyed most and why? _____

List any outside interests including organizations you're active in that are business or industry related: _____

PEOPLE YOU HAVE WORKED WITH (please list at least two technicians)		
1 Name	City State	Telephone #
Years Known	Occupation	
2 Name	City State	Telephone #
Years Known	Occupation	
3 Name	City State	Telephone #
Years Known	Occupation	
4 Name	City State	Telephone #
Years Known	Occupation	
5 Name	City State	Telephone #
Years Known	Occupation	

ASE Certifications:

Not a requirement for this position.

None

- Engine Repair Automatic Trans/Transaxle Manual Drive Train and Axles
 - Suspension and Steering Brakes Electrical Systems Parts Specialist
 - Heating and Air Conditioning Engine Performance ASE Master L1
 - A/C Certified IM240 Certified/Trained FRIST EDGE IM240 Registration # _____ IATN Member Yes No
- Automotive Education & Courses _____

Strong and/or Specialty Areas _____

Weaker Areas _____

Shop diagnostic and automotive service equipment you know how to operate:

- Tire Machine Tire Balancer 4 Wheel Alignment, Brand _____ Brake Lathe A/C Recovery/Charger Black Light Leak Detector
- Transmission Flusher Antifreeze recycler Motor Vac Battery/alternator Tester DVOM Emission Analyzer Scan Tool Engine Analyzer/Scope Lab Scope AllDATA Mitchell on Demand Are you able to read schematics? YES NO
- Welding: Arc Gas MIG Hotsy Pressure Washer IATN (International Automotive Technicians Network)
- What type of mechanical repair estimating system have you used ? AllDATA Mitchell on Demand ADP CCC
- Other _____

Office equipment you are familiar with:

Computer operating systems

- DOS Windows 3.1 95/98 NT/2000 XP Other Macintosh Unix Linux

What software can you operate? Word Excel Other Please list _____

Operate a Typewriter/Word processor WPM _____ Calculator/10key speed _____

- Cash Register Copier Scanner Fax machine Credit card machine

Bonding and money handling security policies require that we ask if you have ever been convicted of a felony? Yes No

On parole? Yes No Awaiting Trial? Yes No

If yes, state the nature of the offense and disposition of the case. Include dates and places.

NOTE: Felony convictions or the existence of a criminal record does not constitute an automatic bar to employment.

I authorize Twin City Auto to make an investigation of all information contained in this application for employment and I release from all liability all companies and corporations supplying such information. I understand that any false answers, statements or implications made by me on this application or other documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record and any investigative report they deem necessary through various third party sources. Upon my formal written request, within a reasonable period of time, I will be notified as to the nature and scope of such investigation. I realize I hereby agree to submit to any drug test that may be required of me; whether, prior to my employment or if employed by this company at any time thereafter. If requested, I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job related, I hereby release and exchange of such medical information relating to my condition between the treatment provider and a company designated physician. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the company may change wages, benefits and conditions at any time. My employment is at will. I have read and understand the above.

Applicant's Signature _____ Date _____