# **EMPLOYMENT APPLICATION**

PLEASE PRINT OR TYPE			Today's	Date	
First Name	МІ	II Last Name		Socia	l Security Number
Street Address	Apt#	City	State	9	Zip Code
Home Phone	Alternate	e/Work Phone		Email Addr	ess
PLEASE PLACE A CHECK BY YOUR F	RESPOSE O	R PROVIDE T	HE APPROPRIA	TE INFORMATION —— Part Time	
What schedule would you prefer?	W	/eekdays	Weekends	Evenings	Nights
How did you hear about the position?	С	lassified Ad	Friend (Nam	e) Radio	Internet
Desired Pay: Hourly Pay (Minimum, if applicable)			Annual Pay	\$ Minimum	\$ Desired
When are you able to start work?		Date:			
Have you ever worked for this compare Circle one: yes or no if yes when?	ny? 				
Position desired:					
PLEASE CHECK YES OR NO TO THE FO  Are you authorized to work in the United States. In compliance with the United States. In compliance with the every individual offered employment with subject to verification of the applicant's for you to submit such documents as an authorization.  Are you under 18 years of age?	e only indivinese laws, h the Compidentity and	iduals who ar Auto Mechan pany. In this I employment	ic Shop, Inc. wil connection, all c authorization, a fy your identifica	I verify the status offers of employm and it will be nece ution and employi	of nent are essary
Are you under 18 years of age?			Yes	No	

Auto Mechanic Shop Inc is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, Auto Mechanic Shop Inc complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Auto Mechanic Shop Inc also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

ASE LIST YO	UR WORK EXP	ERIENCE BEI	LOW (MOST REC	ENT JOE	3 FIRST)
	COMPANY NAME	COMPANY NAME			OSITION and TITLE
FROM	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION		
nth / Voor					
nth Year	CITY	STATE	ZIP CODE	SUPER\	/ISOR'S TELEPHONE NUMBER
	TYPE OF BUSINI	ESS	STARTING PAY	<u> </u>	FINAL PAY
			\$		\$
	TO TELEPHONE NUMBER				
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nth Year	May we contact to COMPANY NAME  NO. & STREET  CITY	this employer: ye	VOLUNTA INVOLUNDUTIES AND REASON(S	YOUR P	OSITION and TITLE  //SOR'S NAME, TITLE and POSITION  //SOR'S TELEPHONE NUMBER
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FROM  / Year  TO  /	May we contact:  COMPANY NAME  NO. & STREET  CITY  TYPE OF BUSINI  TELEPHONE NU  ( )	this employer: ye  STATE	VOLUNTATION  ZIP CODE  STARTING PAY  \$ TERMINATION  VOLUNTATION	YOUR P SUPERV	OSITION and TITLE  /ISOR'S NAME, TITLE and POSITION  /ISOR'S TELEPHONE NUMBER  FINAL PAY  \$
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	COMPANY NAME			YOUR POSITION and TITLE			
FROM	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION			
/							
Month Year	CITY				/ISOR'S TELEPHONE NUMBER		
	CITY	STATE ZIP CODE		SUPERV	VISOR'S TELEPHONE NUMBER		
	TYPE OF BUSINES	S	STARTING PAY		FINAL PAY		
		\$			\$		
ТО	TELEPHONE NUME	BER	TERMINATION		REASON		
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	May we contact thi	s employer: yes or	r no				
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FROM	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION			
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	TYPE OF BUSINES	SS .	STARTING PAY		FINAL PAY		
			\$		\$		
ТО			TERMINATION	REASON			
/			VOLUNTAR				
Month Year	,	INVOLUNT					
	BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S		<u> </u>   <u> </u>   IES AND <u>REASON(S)</u>	FOR TERM	  INATION		
	May we contact this employer: yes or no						

### **ADDITIONAL INFORMATION:**

**UNEMPLOYMENT** ACCOUNT FOR ALL PERIODS OF TIME, THREE MONTHS OR MORE, BETWEEN POSITIONS HELD OR AFTER SCHOOL

F	ROM			TO			HOW DID YOU SPEND THIS TIME?
-	ММ	DD	YYYY	ММ	DD	YYYY	
F	ROM			TO			HOW DID YOU SPEND THIS TIME?
-	ММ	DD	YYYY	ММ	DD	YYYY	

### **EDUCATION:**

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

List any Certifications:_	 	·	 

## **REFERENCES: Please list three professional references**

NAME	RELATIONSHIP	COMPANY	PHONE/ALTERNATE PHONE

#### PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

<u>References</u>: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

SIGNED:	DATE: