

JONES AUTOMOTIVE CLINIC - EMPLOYMENT APPLICATION

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 _____
How did you find out about this job? Craigslist Referral _____ Other _____
Driver License # _____ State Issued _____ Expiration Date _____
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
Salary 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

Are you seeking: Temporary Full time Part time
What position(s) are you applying for? _____
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
EXPERIENCE, SPECIAL SKILLS OR TRAINING:
Are you currently employed? Yes No When would you be available to start? _____
Have you ever worked for this organization 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/vacation? _____
Please describe: _____
Answer these questions only after reviewing a description of the job applied for:
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?: _____

Would you consent to a drug and alcohol test? Yes No

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 program: (such as D.E., C.V.A., V.O.E.)? Yes No

MILITARY SERVICE

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

WORK HISTORY

I Company	Address	Phone	From		To	
			Mo.	Yr.	Mo.	Yr.
Job Title	Give specific reasons for leaving	Supervisor's name & title				
Describe duties briefly						
I Company	Address	Phone	From		To	
			Mo.	Yr.	Mo.	Yr.
Job Title	Give specific reasons for leaving	Supervisor's name & title				
Describe duties briefly						
I Company	Address	Phone	From		To	
			Mo.	Yr.	Mo.	Yr.
Job Title	Give specific reasons for leaving	Supervisor's name & title				
Describe duties briefly						
I Company	Address	Phone	From		To	
			Mo.	Yr.	Mo.	Yr.
Job Title	Give specific reasons for leaving	Supervisor's name & title				
Describe duties briefly						

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 related:

<i>PEOPLE YOU HAVE WORKED WITH (please put at least four technicians)</i>		
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

- A1-Engine Repair A2-Automatic Trans/Transaxle A3-Manual Drive Train and Axles A4-Suspension and Steering A5-Brakes
 A6-Electrical Systems A7-Heating and Air Conditioning A8-Engine Performance A9-Light Truck Diesel **ASE Master**
 L1-Advanced Engine Performance Specialist X1-Undercar/Exhaust G1-Auto Maintenance and Light Repair F1-Alternative Fuels
 L3-Light Duty Hybrid/Electrical Specialist C1-Service Consultant P2-Parts Specialist
 A/C Certified Emissions IM240 Certified/Trained FRIST EDGE IM240 Emissions Registration # _____

Automotive Education & Courses _____

Strong and/or Specialty Areas _____

Weaker Areas _____

Shop diagnostic equipment and automotive equipment you know

- Tire Machine Tire Balancer 4 Wheel Alignment Brake Lathe On-car Brake Lathe A/C Recovery/Charger
 Black Light Leak Detector Transmission Flusher Coolant Recycler MotorVac/Fuel Injection Cleaning Machine
 Battery/Alternator Tester-VAT Machine DVOM Emission Analyzer Scan Tool Engine Analyzer/Scope Lab Scope
 5-Gas Analyzer Welder's Arc Gas MIG Oil Change Sticker Printer Are you able to read schematics? YES NO
 AllDATA Mitchell on Demand Identifix IATN (International Automotive Technicians Network)

Other _____

Your Tools

Estimate total worth of your tools: \$ _____ Brand name of tool box and some tools you own: _____

Do you own a laptop to use in our shop accessing AllData, Identifix, Iatn, etc.? _____ Required as part of your employment.

List specialty tools that you own for performing repairs in your area of expertise:

Office equipment you know

Computer operating systems

Windows 2000/XP 7 10 Mac/Apple

What software and SMS can you operate? Word Excel RO Writer Other Please list _____

Operate a Keyboard/Word Processor WPM _____ Calculator/10key speed _____

Cash Register Copier Scanner Fax machine Credit card machine

Background Check

All Applicants are subject to a background check prior to employment. Is there anything else that you would like us to know:

I authorize this company 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 _____

CHECK OVER THE FOREGOING APPLICATION, BE SURE IT IS COMPLETE AND SIGNED, AND RETURN IT TO THE INTERVIEWER.