

APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY

POSITION APPLIED FOR _____ DATE _____

PERSONAL INFORMATION

FIRST NAME _____ MIDDLE _____ LAST _____

ADDRESS _____

PHONE NUMBER: DAY _____ EVENING _____

SOCIAL SECURITY NUMBER _____ - _____ - _____ DO YOU SMOKE? _____

DRIVERS LICENSE NUMBER _____ STATE ISSUED _____ EXP. DATE _____

HAVE YOU HAD ANY DRIVING VIOLATIONS IN THE PAST 3 YEARS? _____

IF YES PLEASE EXPLAIN _____

ARE YOU A U.S. CITIZEN _____ HOW LONG HAVE YOU BEEN A RESIDENT OF AZ _____

IF NOT A CITIZEN DO YOU HAVE A LEGAL RIGHT TO WORK IN THE U.S. _____

ARE YOU AT LEAST 16 YEARS OF AGE _____ DO YOU SPEAK A FOREIGN LANGUAGE _____

IF YES WHICH LANGUAGE _____

DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO GET TO WORK _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME _____

DO YOU HAVE ANY IMPAIRMENTS THAT INTERFERE WITH YOUR ABILITY TO WORK
IN THIS JOB _____

IS THERE ANY REASON THAT YOU WOULD NOT BE ABLE TO COME TO WORK ON TIME

EACH DAY _____ IF YES PLEASE EXPLAIN _____

EMPLOYMENT DATA

WHAT HOURS DO YOU PREFER TO WORK? _____

WHAT DAYS DO YOU PREFER TO WORK? _____

ARE YOU WILLING TO WORK OVERTIME? _____

ARE YOU CURRENTLY EMPLOYED? _____

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION _____

IF YES PLEASE EXPLAIN _____

HOW MANY DAYS HAVE YOU MISSED FROM SCHOOL OR WORK IN THE LAST 12
MONTHS _____

HOW MANY TIMES HAVE YOU BEEN LATE IN THE LAST 12 MONTHS _____

HOW MANY DAYS HAVE YOU MISSED IN THE LAST THREE YEARS EXCEPT FOR
ILLNESS _____ PLEASE EXPLAIN _____

LIST YOUR JOB EXPERIENCES THAT YOU FEEL WOULD BE HELPFUL IN THE
PERFORMANCE OF THE JOB FOR WHICH YOU ARE APPLYING _____

PLEASE LIST YOUR WORK EXPERIENCE STARTING WITH YOUR MOST RECENT OR PRESENT EMPLOYER

COMPANY EMPLOYED BY _____
TYPE OF BUSINESS _____ **JOB TITLE** _____

JOB DUTIES AND RESPONSIBILITIES

STREET ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____ **PHONE NUMBER** _____

SUPERVISORS NAME _____ **PHONE NUMBER** _____
ANNUAL EARNINGS _____ **DATES EMPLOYED** _____

REASON FOR LEAVING _____

COMPANY EMPLOYED BY _____
TYPE OF BUSINESS _____ **JOB TITLE** _____

JOB DUTIES AND RESPONSIBILITIES

STREET ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____ **PHONE NUMBER** _____

SUPERVISORS NAME _____ **PHONE NUMBER** _____
ANNUAL EARNINGS _____ **DATES EMPLOYED** _____

REASON FOR LEAVING _____

COMPANY EMPLOYED BY _____
TYPE OF BUSINESS _____ **JOB TITLE** _____

JOB DUTIES AND RESPONSIBILITIES

STREET ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____ **PHONE NUMBER** _____

SUPERVISORS NAME _____ **PHONE NUMBER** _____
ANNUAL EARNINGS _____ **DATES EMPLOYED** _____

REASON FOR LEAVING _____

EDUCATIONAL HISTORY

HIGH SCHOOL NAME _____ CITY/STATE _____
DATES ATTENDED _____ DATE GRADUATED _____

TECHNICAL OR TRADE SCHOOL _____
CITY/STATE _____ DATES ATTENDED _____
MAJOR COURSE OR SUBJECT _____
DID YOU GRADUATE _____ WHAT DEGREE _____

COLLEGE(LIST ALL ATTENDED)

_____ CITY/STATE _____
DATES ATTENDED _____ MAJOR COURSE OR SUBJECT _____
DID YOU GRADUATE _____ WHAT DEGREE _____

_____ CITY/STATE _____
DATES ATTENDED _____ MAJOR COURSE OR SUBJECT _____
DID YOU GRADUATE _____ WHAT DEGREE _____

OTHER EDUCATION/TRAINING _____

OUTSIDE ACTIVITIES(EXCLUDE THOSE INDICATING RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, OR HANDICAP) _____

PROFESSIONAL MEMBERSHIPS, CERTIFICATES, OR LICENSES HELD _____

DO YOU HAVE ASE CERTIFICATIONS? _____
WHAT AREAS ARE YOU CERTIFIED IN? _____

ARE YOU INTERESTED IN FURTHER TRAINING? _____

PAST AND PRESENT CIVIC OR CULTURAL ACTIVITIES – INCLUDE OFFICES HELD _____

PRINCIPAL HOBBIES _____

SPECIAL SKILLS (COMPUTER SKILLS, TYPES OF MACHINES OPERATED, YEARS EXPERIENCE ON EACH) _____

WHY DO YOU CHOOSE A CAREER IN THE AUTO INDUSTRY? _____

MILITARY RECORD

BRANCH OF SERVICE _____ PRESENT MILITARY AFFILIATION _____
DATE OF SERVICE _____ TYPE OF DISCHARGE _____

KINDS OF TRAINING AND DUTY WHILE IN SERVICE

PROFESSIONAL/WORK REFERENCES

LIST TWO PAST SUPERVISORS AND ONE PERSON WHO IS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.

NAME _____ ADDRESS _____
PHONE NUMBER _____ RELATIONSHIP/TITLE _____
OCCUPATION _____

NAME _____ ADDRESS _____
PHONE NUMBER _____ RELATIONSHIP/TITLE _____
OCCUPATION _____

NAME _____ ADDRESS _____
PHONE NUMBER _____ RELATIONSHIP/TITLE _____
OCCUPATION _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

WAGE OR SALARY REQUIRED _____

DATE AVAILABLE TO START WORK _____

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself.

Signature _____
