AFFLICANT NAME.	APPLICANT NAME:	DATE:
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# Thomas's T & T Auto Repair

104 N. Kimmel St. ● Berrien, MI 49103 ● 269-473-5936 www.TandTautorepair.com

# APPLICATION FOR EMPLOYMENT AUTOMOTIVE TECHNICIAN

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 Employm	ent:		Salary/Wage Expectations:	
☐ Full Time	☐ Temporary	□ Part Time		

How did you find about this position?	When would you be able to start?
Why do you feel you are qualified for this position?	
Are you currently employed? If s	o, where?
Do you use tobacco? Yes □ No □	
What level of technician would you classify yourself as?	(Circle A, B, C or D)
<ul> <li>A- Level Technician is an ASE Master Technician Himaintenance</li> <li>B- Level Technician is an ASE Certified Mechanic th</li> <li>C- Level Technician is proficient in oil changes, bra</li> <li>D- Level Technician would be an apprentice just en</li> </ul>	nat will have strengths and weaknesses in all areas kes and other basic repairs
How long have you been at your present address?	Do you have a valid Driver's License?
	If Yes, are you insurable?
Activities and Interests (exclude any organization or society na	nisdemeanor or felony (other than minor traffic ease provide thorough explanation:  ame of which indicates the race, religious creed, color, national origin
or ancestry of its members).	
List any other skills, qualifications or experience that m	nay help in this position:
Please give me <b>5</b> 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	y we contact your p	resent employer?	Yes L	] No [	
Current Position Name an	nd Address		City, Sta	ate Zip	
Telephone	Name of Supervisor	Position Held	,	Date Started	I
Main Duties:	•				
Reason for Wanting to Leave:				Current Rate	e of Pay
If you could have changed anyt	thing at this job, what w	vould you have chang	ed?		
2 <sup>nd</sup> Last Position Name a	nd Address		City, Sta	ate Zip	
Telephone	Name of Supervisor	Position Held	I	From(YY/MM)	To (YY/MM)
Main Duties:					
Reason for Leaving:				Final Rate of	Pay
If you could have changed anyt	hing at this job, what w	vould you have chang	ed?		

3 <sup>rd</sup> Last Position Name ar	nd Address		City, Sta	ate Zip	
Telephone	Name of Supervisor	Position Held		From(YY/MM)	To (YY/MM)
	Traine or Capor risor			, ,	
Main Duties:					
Reason for Leaving:				Final Rate of	Day
Reason for Leaving.				Fillal Rate of	ray
If you could have changed anyt	hing at this job, what w	vould you have change	ed?	•	
4th Last Position Name or	nd Address		City, Sta	ate 7in	
4 <sup>th</sup> Last Position Name ar	ia Address		City, St	ate Zip	
Telephone	Name of Supervisor	Position Held		From(YY/MM)	To (YY/MM)
Main Duties:					
Hairi Duties.					
Reason for Leaving:				Final Rate of	Pay
If you could have changed anyt	hing at this job, what w	vould you have change	ed?		
Please explain any gaps in your	employment history:				
What do you believe these emp	loyers would say if I ca	lled them?			
Which of your jobs did you like	best? And why?				
112 5. , 52 , 52.5 d.a , 52 like					

#### **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**

Nar	me of School	Location of School	Gradu	iated?	Yea	oleted ars / lo.	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					
□ Engine Repair	☐ Heating / Air Conditioning				
☐ Automatic Transmission/Transaxle	☐ Engine Performance				
☐ Manual Drive Train/Axles	☐ L1 Advanced Engine Performance				
☐ Suspension & Steering	List any other ASE Certificates here:				
□ Brakes					
□ Electrical / Electronics					
SKILL AND EXPER	IENCE ASSESSMENT				
What is the approximate value of your tools and equip	ment?				
What diagnostic equipment are you experienced in usi	ng?				
Which repair or estimating programs are you proficien	t 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 <u>least</u>	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							
Electrical & Computer Diagnosis							
Emission Testing and Diagnosis							
Heating & Air Conditioning							
Engine Repair							
Brake, Suspension and Steering							
Automatic Transmissions							
Manual Transmissions							
Routine Maintenance & Servicing							
hoods of cars, color blindness, eye  If you were to create a maintenance	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						
ATF Service		"Lifetime" Coola	nt				
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	Prin	it Name	Date				