



**APPLICATION
FOR
EMPLOYMENT**

**OFFICE
TECHNICAL
MANAGEMENT**

NAME _____ **DATE** _____
POSITION APPLIED FOR _____

EQUAL OPPORTUNITY EMPLOYER

APPLICANTS ARE NOT REQUIRED TO GIVE ANY INFORMATION PROHIBITED BY LAW, OUR EMPLOYMENT POLICIES ARE NON-DISCRIMINATORY REGARDING RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE, HANDICAPPED, VIETNAM ERA OR DISABLED VETERAN STATUS.

DATE:	POSITION APPLIED FOR:	SALARY DESIRED:
NAME: (Last) (First) (Middle)	SOCIAL SECURITY NO.:	
ADDRESS: (Street) (City) (State) (Zip)	PHONE NO.: ()	

YEARS AT THIS ADDRESS: _____

PERSONAL

ARE YOU AT LEAST 18 YEARS OLD? _____ YES _____ NO

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? _____ YES _____ NO

INDICATE TYPE OF VISA: _____

DO YOU PREFER TO WORK: _____ FULL-TIME _____ PART-TIME SPECIFY DAYS & HOURS IF PART-TIME: _____

DO YOU HAVE ADEQUATE TRANSPORTATION TO GET TO WORK? _____ YES _____ NO

HOW WERE YOU REFERRED? _____ AGENCY (AGENCY NAME: _____) _____ FRIEND _____ RELATIVE
 _____ NEWSPAPER _____ EMPLOYEE _____ REFERRAL NAME (SOURCE): _____

HAVE YOU EVER BEEN EMPLOYED BY CITY GARAGE? _____ YES _____ NO IF YES, LIST DATES AND LOCATIONS _____

LIST ANY / ALL RELATIVES EMPLOYED BY CITY GARAGE: _____

HAVE YOU EVER BEEN KNOWN BY ANY OTHER LAST NAME? _____ NO _____ YES, NAME: _____

ARE YOU WILLING TO RELOCATE? _____ NO _____ YES IF YES, WHAT GEOGRAPHIC LOCATIONS DO YOU PREFER? _____

WHAT AREA OF THE CITY DO YOU PREFER TO WORK IN? 1) _____ 2) _____

DO YOU OBJECT TO IRREGULAR HOURS? _____ YES _____ NO	ARE YOU WILLING TO TRAVEL? _____ YES _____ NO	ARE YOU WILLING TO WORK OVERTIME? _____ YES _____ NO
DO YOU OBJECT TO WEEKEND WORK? _____ YES _____ NO		
DO YOU OBJECT TO SWING OR FLUCTUATING SHIFT WORK? _____ YES _____ NO	IF YES, WHAT %? _____	

HOW SOON AFTER ACCEPTING AN OFFER WOULD YOU BE ABLE TO START? _____

PERSONAL INTERESTS (i.e., Hobbies, Sports, Extra-Curricular Activities) _____

EDUCATION	HIGH SCHOOL	NAME:	
		LOCATION:	GRADUATED? _____ YES _____ NO OR HIGHEST LEVEL _____
	UNIVERSITY UNDERGRADUATE (Transcript Desired)	NAME:	DATES ATTENDED FROM: Mo. _____ Yr. _____ TO: Mo. _____ Yr. _____
		LOCATION:	GRADUATED? _____ YES _____ NO OR HIGHEST LEVEL _____ DATE: _____
		DEGREE OR CERTIFICATE:	MAJOR & MINOR COURSE OF STUDY:

EDUCATION (CONT.)	UNIVERSITY GRADUATE (Transcription Desired)	NAME:		DATES ATTENDED FROM: Mo. ____ Yr. ____ TO: Mo. ____ Yr. ____	
		LOCATION:		DATES ATTENDED: FROM: Mo. ____ Yr. ____ TO: Mo. ____ Yr. ____	
		DEGREE OR CERTIFICATE:	MAJOR & MINOR COURSE OF STUDY:		
	OTHER, TRADE TECHNICAL, MILITARY	NAME:		DATES ATTENDED FROM: Mo. ____ Yr. ____ TO: Mo. ____ Yr. ____	
		LOCATION:		DATES ATTENDED: FROM: Mo. ____ Yr. ____ TO: Mo. ____ Yr. ____	
		DEGREE OR CERTIFICATE:	MAJOR & MINOR COURSE OF STUDY:		GPA OVERALL/MAJOR
WHAT OTHER EXPERIENCES, SKILLS OR TRAINING DO YOU HAVE WHICH YOU FEEL WOULD QUALIFY YOU TO WORK FOR CITY GARAGE?					

EXPERIENCE	START WITH PRESENT OR MOST RECENT EMPLOYER: (Please be specific, do not use "see resume")				
	COMPANY NAME:		ADDRESS:		PHONE:
	DATES EMPLOYED: FROM: Mo. ____ Yr. ____ TO: Mo. ____ Yr. ____		POSITION HELD/RESPONSIBILITIES:		
	SALARY: START: _____ END: _____		REASON FOR LEAVING		NAME OF SUPERVISOR:
	MAY WE CONTACT YOUR CURRENT EMPLOYER? _____ YES _____ NO				
	COMPANY NAME:		ADDRESS:		PHONE:
	DATES EMPLOYED: FROM: Mo. ____ Yr. ____ TO: Mo. ____ Yr. ____		POSITION HELD/RESPONSIBILITIES:		
	SALARY: START: _____ END: _____		REASON FOR LEAVING		NAME OF SUPERVISOR:
	COMPANY NAME:		ADDRESS:		PHONE:
	DATES EMPLOYED: FROM: Mo. ____ Yr. ____ TO: Mo. ____ Yr. ____		POSITION HELD/RESPONSIBILITIES:		
	SALARY: START: _____ END: _____		REASON FOR LEAVING		NAME OF SUPERVISOR:
	COMPANY NAME:		ADDRESS:		PHONE:
	DATES EMPLOYED: FROM: Mo. ____ Yr. ____ TO: Mo. ____ Yr. ____		POSITION HELD/RESPONSIBILITIES:		
	SALARY: START: _____ END: _____		REASON FOR LEAVING		NAME OF SUPERVISOR:

MILITARY	WERE YOU IN THE ARMED FORCES?	BRANCH OF SERVICE:	RESERVE STATUS:	SUMMER CAMP. ____ ACTIVE ____ INACTIVE ____ REQ'D
	DATE OF ENTRY:	STARTING RANK:	DATE OF DISCHARGE:	RANK AT DISCHARGE:

MEDICAL	DO YOU HAVE ANY PHYSICAL CONDITION WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE JOB APPLIED FOR? ____ YES ____ NO
	IF YES, EXPLAIN: _____
	QUALIFIED HANDICAPPED APPLICANTS ARE INVITED TO VOLUNTARILY IDENTIFY THEMSELVES

OFFICE SKILLS (For clerical positions)	TYPING: ____ YES ____ NO WPM ____	10 KEY ADDING MACHINE: BY TOUCH ____ YES ____ NO	HAVE YOU EVER DONE?
	SHORTHAND: ____ YES ____ NO WPM ____	CRT DATA ENTRY: ____ YES ____ NO	JOURNAL ENTRIES ____ YES ____ NO
	SPEED WRITING: ____ YES ____ NO WPM ____	PERSONAL COMPUTER: ____ YES ____ NO (TYPE): _____	ACCOUNTS PAYABLE ____ YES ____ NO
	DICTAPHONE:	SOFTWARE: (TYPE): _____	ACCOUNT RECEIVABLE ____ YES ____ NO
			ACCOUNT RECONCILIATIONS ____ YES ____ NO
			BANK RECONCILIATIONS ____ YES ____ NO
			CLAIM PROCESSING ____ YES ____ NO

TRAINING	ASE CERTIFICATION? ____ YES ____ NO LIST CERTIFICATION AREAS AND LEVELS: _____ _____	REFRIGERANT RECOVERY & RECYCLING CERTIFICATE: ____ YES ____ NO OTHER CERTIFICATES: _____
	COMPLETED APPRENTICESHIP? ____ YES ____ NO TYPE & LOCATION _____	OTHER TRAINING: _____ _____

INSURANCE	YOU MAY BE REQUIRED TO TEST DRIVE CUSTOMER VEHICLES, USE YOUR PERSONAL OR COMPANY VEHICLE TO CONDUCT COMPANY BUSINESS, THEREFORE YOU WILL NEED A VALID DRIVER'S LICENSE.
	DO YOU HAVE A VALID DRIVER'S LICENSE? ____ YES ____ NO IF YES, INDICATE _____ (STATE) (NUMBER)
	DO YOU HAVE AUTOMOBILE LIABILITY INSURANCE? ____ YES ____ NO

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF CITY GARAGE AND UNDERSTAND THAT MY EMPLOYMENT BY THE COMPANY MAY BE TERMINATED FOR ANY REASON THAT IS NOT PROHIBITED BY LAW. I UNDERSTAND THAT NO MANAGER OR ANY REPRESENTATIVE OF CITY GARAGE, OTHER THAN THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. I UNDERSTAND THAT I AM PROHIBITED FROM RELEASING TO ANY OTHER PARTY ANY INFORMATION WHATSOEVER ABOUT CITY GARAGE WHICH IS OF A CONFIDENTIAL NATURE OR WHICH COULD BE DEEMED TO CONSTITUTE A "TRADE SECRET" OR FROM USING, IN ANY MANNER WHATSOEVER, INFORMATION WHICH IS CONFIDENTIAL, PROPRIETARY, OR PRIVILEGED, WHETHER FOR PERSONAL BENEFIT OR GAIN, OR FOR THAT OF ANY OTHER PERSON. ANY INFORMATION, WHICH HAS NOT BEEN DISCLOSED PUBLICLY IN WRITING, WILL BE TREATED AS CONFIDENTIAL.

I DECLARE MY ANSWERS TO THE QUESTIONS ON THIS APPLICATION ARE TRUE, AND GIVE CITY GARAGE AND ITS AFFILIATES THE RIGHT TO INVESTIGATE ALL INFORMATION GIVEN AND TO SECURE ADDITIONAL INFORMATION, IF NECESSARY. I UNDERSTAND THAT AN INVESTIGATIVE REPORT MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH THIRD PARTIES, SUCH AS FAMILY MEMBERS, BUSINESS ASSOCIATES, FINANCIAL SOURCES, FRIENDS, NEIGHBORS OR OTHERS WITH WHOM I AM ACQUAINTED. I UNDERSTAND THAT THIS INQUIRY INCLUDES INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, AND/OR PERSONAL CHARACTERISTICS. WHICHEVER MAY BE APPLICABLE. THIS INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO VERIFICATION OF PREVIOUS EMPLOYMENT AND EMPLOYMENT REFERENCES, VERIFICATION OF EDUCATION INCLUDING REQUESTS FOR TRANSCRIPTS, CREDIT REPORTS, MOTOR VEHICLE DRIVING RECORDS AND CRIMINAL REPORTS, ETC. I HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME FOR A COMPLETE AND ACCURATE DISCLOSURE OF ADDITIONAL INFORMATION CONCERNING THE NATURE AND SCOPE OF THE INVESTIGATION. IN ACCORDANCE WITH THE LAW, I HEREBY RELEASE CITY GARAGE, ITS EMPLOYEES, AGENTS AND AFFILIATES, AND ALL OTHER PERSONS, COMPANIES OR CORPORATIONS FROM ALL LIABILITY OR RESPONSIBILITY FOR ANY DAMAGE THAT MAY ARISE FROM SUCH AN INVESTIGATION OR THE FURNISHING OF INFORMATION PURSUANT THERETO.

I FURTHER UNDERSTAND THAT ANY MISLEADING OR INCORRECT STATEMENTS OR THE INCOMPLETE FILLING OUT OF THE APPLICATION MAY RENDER THIS APPLICATION VOID AND, IF EMPLOYED, MAY BE CAUSE FOR IMMEDIATE DISCHARGE.

Signature of Applicant

Date