

# Employment Application for Technicians

## Instructions

- #1. This application 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 on the reverse side once you have completed it

Name \_\_\_\_\_  
Last First Middle initial

Current address \_\_\_\_\_  
Street City State Zip code

How long have you resided at the above address? \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Day time phone number \_\_\_\_\_ Evening phone number \_\_\_\_\_

If you were referred to our company, by who? \_\_\_\_\_

## Qualifications

If you are certified by any trade associations or agencies, please list all your certifications with expiration dates:

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Do you have a state issued smog license? \_\_\_\_\_ If yes, when does it expire? \_\_\_\_/\_\_\_\_/\_\_\_\_

What is the approximate value of your tools and equipment? \$ \_\_\_\_\_

What diagnostic equipment are you experienced in using? \_\_\_\_\_

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Which repair or estimating programs are you proficient with: \_\_\_\_\_

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Please rate your Diagnostic Skills on a level of #1 – #10 # \_\_\_\_\_

Please rate your Repair Skills on a level of #1 – #10 # \_\_\_\_\_

High school graduate \_\_\_\_ Attended Trade school \_\_\_\_ Graduated Trade school \_\_\_\_

Attended College \_\_\_\_ Graduated College \_\_\_\_ Degree \_\_\_\_\_

Are you able to provide a resume that reflects your educational history? \_\_\_\_\_

Please list all technical courses you have taken within the past 2 years:

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Activities & interests (hobbies, etc) \_\_\_\_\_

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Are you willing to authorize a criminal background investigation and participate in our drug-free workplace program? \_\_\_\_\_

Do you have a valid drivers license? \_\_\_\_ Are you willing to supply us with a state issued report of your driving record? \_\_\_\_\_

If hired, when would you be able to start? \_\_\_\_\_

**This application is continued on the other side**



**Employment History**  
***Begin with your present employer***

From ____/____/____ Date month year	to ____/____/____ Date month year	
		Company name
Company address		
City and state		Why did you leave, or why are you looking to leave the company?
From ____/____/____ Date month year	to ____/____/____ Date month year	
		Company name
Company address		
City and state		Why did you leave the company?
From ____/____/____ Date month year	to ____/____/____ Date month year	
		Company name
Company address		
City and state		Why did you leave the company?

Can we contact all your past employers? \_\_\_\_\_ and your present employer? \_\_\_\_\_

**References**  
***Only list the people you have known more than a year***

Name of a service advisor	Length of time known	Area code and phone number
Name of a technician	Length of time known	Area code and phone number
Name of a technician	Length of time known	Area code and phone number
Name of a technician	Length of time known	Area code and phone number
Name of a friend	Length of time known	Area code and phone number
Name of a friend	Length of time known	Area code and phone number
Name of a friend	Length of time known	Area code and phone number

**Acknowledgement and Authorization**

This application is not an employment contract, nor an agreement to interview, and I understand that any employment can be terminated at any time, for any cause, without notice. I further understand that no person other than the business owner has the authority to enter into an Employment agreement with me, or make any guarantee as to the length, terms or conditions of any such employment. I certify that to the best of my knowledge all of the information contained in this application is correct. I also authorize the investigation of all statements contained in this application and I understand that any misrepresentation, falsification, or omission of facts from this application, will be cause for immediate dismissal.

Signature	Date	# _____ - _____ - _____ Social security number
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