

N & J Auto Diesel Repair Inc.

Employment Application

- Please print legibly and complete all sections
- Sign and date the application upon completion
- Return the application to N & J Auto Diesel Repair Inc.

805 Expressway Ct.
PO Box 4089
Gaylord, MI 49735

Last Name: _____ First Name: _____

Street Address: _____ City: _____

State: _____ ZIP Code _____ Day Phone: _____

Evening Phone: _____ Cell Phone: _____

E-mail: _____ How long have you lived here? _____

Did someone refer you to this company? _____ If "yes," who? _____

Qualifications

Are you certified by any trade associations or agencies? ___ If "yes," List all your certifications with expiration dates: _____

What is the approximate value of your tools and equipment? _____

What equipment do you have experience with? _____

Please rate:

- Your diagnostic skills 1-10 _____
- Your repair skills 1-10 _____

Please give a summary of your education: _____

Activities, Interests, Hobbies? _____

Have you ever been convicted of a felony? ___ Are you willing to submit to a background check? ___

Are you willing to submit to a drug test? ___ Do you have a valid drivers license? _____

Can you supply us with your state issued driving record? ___

If hired, when can you start? _____

Employment History

From _____ To _____ Company Name: _____

Address: _____ Pay (with bonuses and commission) _____

Location: _____ Reason for Leaving: _____

From _____ To _____ Company Name: _____

Address: _____ Pay (with bonuses and commission) _____

Location: _____ Reason for Leaving: _____

From _____ To _____ Company Name: _____

Address: _____ Pay (with bonuses and commission) _____

Location: _____ Reason for Leaving: _____

Will you willing give us authorization to contact your employers? ___

References

List only those who you have known more than one year and are not employment/family related.

Name: _____ Time known: _____ Relationship: _____ Phone: _____

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Acknowledgment 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 termination.

Sign: _____ Date: _____ SSN#: _____