



CARNEEDS COMPLETE AUTOMOTIVE SERVICES

3501 Park Ave | Paducah, KY 42001 | (270) 575-3496

APPLICATION FOR EMPLOYMENT

Today's date ____/____/20____

PERSONAL INFORMATION

NAME _____

DATE OF BIRTH ____/____/19____

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____

PHONE () _____ - _____

CELL PHONE () _____ - _____

WHICH POSITION ARE YOU APPLYING FOR? _____

HOW DID YOU HEAR OF THIS POSITION? _____

DO YOU HAVE A VALID DRIVERS LICENSE? Yes / No

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes / No

IF YES, PLEASE EXPLAIN. _____

ARE YOU A CITIZEN OF THE UNITED STATES? Yes / No

IF NOT WHAT IS YOUR STATUS? _____

EDUCATION

NAME OF HIGH SCHOOL _____

CITY AND STATE _____

HIGHEST GRADE COMPLETED _____

NAME OF BUSINESS OR TRADE SCHOOL _____

CITY AND STATE _____

HIGHEST LEVEL COMPLETED _____

NAME OF COLLEGE _____

CITY AND STATE _____

HIGHEST LEVEL COMPLETED _____

MAJOR _____

PREVIOUS EMPLOYMENT

Start with most recent

NAME OF EMPLOYER _____

CITY AND STATE _____

BUSINESS PHONE () _____ - _____

NAME OF SUPERVISOR _____

START DATE _____ / _____ / _____

ENDING DATE _____ / _____ / _____

POSITION HELD _____

REASON FOR LEAVING _____

NAME OF EMPLOYER _____

CITY AND STATE _____

BUSINESS PHONE () _____ - _____

NAME OF SUPERVISOR _____

START DATE _____ / _____ / _____

ENDING DATE _____ / _____ / _____

POSITION HELD _____

REASON FOR LEAVING _____

PREVIOUS EMPLOYMENT, CONT.

NAME OF EMPLOYER _____

CITY AND STATE _____

BUSINESS PHONE () _____ - _____

NAME OF SUPERVISOR _____

START DATE _____ / _____ / _____

ENDING DATE _____ / _____ / _____

POSITION HELD _____

REASON FOR LEAVING _____

NAME OF EMPLOYER _____

CITY AND STATE _____

BUSINESS PHONE () _____ - _____

NAME OF SUPERVISOR _____

START DATE _____ / _____ / _____

ENDING DATE _____ / _____ / _____

POSITION HELD _____

REASON FOR LEAVING _____

PERSONAL REFERENCES

Please do not list relatives or previous employers

NAME _____

ADDRESS _____

PHONE () _____ - _____

ALTERNATE PHONE () _____ - _____

RELATIONSHIP _____

NAME _____

ADDRESS _____

PHONE () _____ - _____

ALTERNATE PHONE () _____ - _____

RELATIONSHIP _____

TECHNICIAN REFERENCES

Please list two of the best technicians you know

NAME _____

ADDRESS _____

PHONE () _____ - _____

ALTERNATE PHONE () _____ - _____

NAME _____

ADDRESS _____

PHONE () _____ - _____

ALTERNATE PHONE () _____ - _____

TECHNICAL QUALIFICATIONS

IF YOU ARE APPLYING FOR A POSITION AS A TECHNICIAN, ARE YOU ASE CERTIFIED?

_____ YES _____ NO

IF SO, MARK BELOW THE AREAS OF CERTIFICATION

<input type="checkbox"/> Engine performance	<input type="checkbox"/> Electrical systems
<input type="checkbox"/> Engine repair	<input type="checkbox"/> Brakes
<input type="checkbox"/> Automatic transmissions	<input type="checkbox"/> Manual drivetrains and axles
<input type="checkbox"/> Suspension and steering	<input type="checkbox"/> Heating and air conditioning
<input type="checkbox"/> Emission controls	

DO YOU HAVE CURRENT SMOG CHECK LICENSE FOR THIS AREA?

_____ YES _____ NO

IN THE SECTION BELOW, RATE YOUR EXPERIENCE ON THE FOLLOWING SYSTEMS USING THE FOLLOWING TERMS:

Master • Journey • Apprentice • Tech Level • Little Or None

- Engine performance tune _____
- Electrical / computer diagnosis _____
- Heating and air conditioning _____
- Engine repair _____
- Brakes, suspension and steering _____
- Automatic transmissions _____
- Routine maintenance and servicing _____

IF YOU WERE TO SPECIALIZE ON ANY SYSTEMS, WHICH SYSTEMS WOULD YOU CHOOSE?

TECHNICAL QUALIFICATIONS, CONT.

IN THE SPACES BELOW, RATE THE MAKE OF CARS YOU HAVE THE *MOST* EXPERIENCE IN.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

IN THE SPACES BELOW, RATE THE MAKE OF CARS YOU HAVE THE *LEAST* EXPERIENCE IN.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

WHAT DIAGNOSTIC SCOPES ARE YOU FAMILIAR AND COMFORTABLE WITH? _____

WHAT SCANNERS ARE YOU FAMILIAR AND COMFORTABLE WITH?

AS A CONDITION OF EMPLOYMENT YOU WILL BE REQUIRED TO TAKE A DRUG AND ALCOHOL TEST. ARE YOU WILLING TO DO THAT?

DO YOU HAVE ANY PHYSICAL PROBLEMS THAT WILL RESTRICT YOUR ABILITIES TO SERVICE AND REPAIR CARS, SUCH AS LIFTING HEAVY OBJECTS LIKE WHEELS, CYLINDER HEADS, ETC. AND BENDING OVER FOR LONG PERIODS OF TIME WHILE WORKING UNDER THE HOOD OF CARS?

IF SO PLEASE EXPLAIN. _____

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE YOU TO MAKE SUCH INVESTIGATIONS AND INQUIRIES OF MY PERSONAL, EMPLOYMENT, FINANCIAL, OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I HEREBY RELEASE EMPLOYERS, SCHOOLS OR PERSONS FROM LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW MAY RESULT IN DISCHARGE. I UNDERSTAND ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF CARNEEDS INC.

SIGNATURE OF APPLICANT AND DATE SIGNED

_____ / ____/20____