**Bob's AUTO REPAIR**

# APPLICATION FOR EMPLOYMENT

| **Date of Application** ____/____/_____ | Date Available to Start ____/____/____ |
|---|---|

Times Available (Leave Blank for Open Availability):

| Check ONLY One:<br>❏ Permanent<br>❏ Seasonal<br>❏ Either | Check ONLY One:<br>❏ Full Time<br>❏ Part Time<br>❏ Full or Part Time | ❏ Intermittent<br>❏ Job Share<br>❏ Any | Title of Position(s) Applied For: |
|---|---|---|---|

## Personal Information

Full Name: _____ Social Security # _____-_____-_____

              Last             First          M.I.

Date of Birth*: ___/___/___ Address:_____

                        Street              City     State     Zip

Phone # (____) ____-_____ Emergency Contact:_____ (____) _____-_____

ADDRESS FOR THE PAST THREE YEARS

Street_____City_____State_____

Street_____City_____State_____

Street_____City_____State_____

## Driving Experience (For Driver/Mechanic Applicants Only)

| Equipment | Type of Equipment | Years Operated | States Operated |
|---|---|---|---|
| Straight Truck | | | |
| Tractor Trailer | Power Unit:        Trailer: | | |
| Other (Specify) | | | |

List any towing or auto repair equipment you know how to operate: _____

_____

**Do you have full knowledge of the Federal Carrier Safety Regulations?**   ❏ Yes   ❏ No

*Applicants are considered and employees are treated during employment without regard to age, race, color, religion, sex, national origin, marital or veteran status, medical condition, or disability. Date of birth is required from all applicants and employees to facilitate a background check.

**Specialized Skills and Knowledge**

List skills or knowledge that show your ability to perform the job for which you applying. Please be specific.

<br>

**Experience and Qualifications *****Please note that this information will be verified

Valid Drivers License #:_____Licensed State _____Expires:___/___/____

License Type (i.e. CDL Class A, Class 1, Etc.)_____

List CDL Endorsements_____

Has your license, permit, or privilege to operate a commercial motor vehicle ever been denied,

revoked, or suspended?　　❒ Yes　　❒ No　　❒ Not Applicable

If yes, please explain: _____

_____

**Please check areas of actual work experience or certification in Auto/Towing Industry**

| | | | | |
|---|---|---|---|---|
| ❒ Typing WPM _____ | ❒ Shop Foreman | ❒ Detailing Cars | ❒ I–CAR Cert. Type___ | ❒ Auto Electrical |
| ❒ Ins Claims Processing | ❒ Mechanic | ❒ Frame Straightening | ❒ ASE Cert Date _____ | ❒ Air Conditioning |
| ❒ Auto Body Estimator | ❒ Parts Receiving | ❒ Body Repair | ❒ FSP Cert Date _____ | ❒ Painting |
| ❒ Dispatcher | ❒ Parts Manager | ❒ MIG Welding | ❒ AAA Cert Date ____ | ❒ Tow Driver |

**Traffic Convictions & Forfeitures (Other than parking in the last 3 years)**

| State | Date | Charge | Penalty | Commercial Vehicle | Personal Vehicle |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

**Traffic Accident Record (Last 3 Years)** ***This information will be verified with a criminal background check

| Date: | Nature of Accident | Number of Fatalities | Commercial Vehicle | Personal Vehicle |
|---|---|---|---|---|
| | | | | |
| | | | | |

**Criminal History**

Have you ever been convicted of a criminal offense? ❒ Yes　❒ No　— If yes, Please explain in the space provided below. *Please note that your answer is looked upon as only one of the factors considered in the employment decision and is evaluated in the terms of the nature, severity, and the date of the offense.*

Date of Conviction(s): _____ Please Explain Conviction: _____

_____

Are you legally permitted to work in this country?  ❏ Yes    ❏ No

Do you have a high school diploma or a GED certificate?  ❏ Yes    ❏ No

**Education/Training History** Please list colleges, military, trade, or other school attended.

| Name & Location of School | Course of Study (Major/Program) | Degree or Certificate Received |
|---|---|---|
| | | |
| | | |
| | | |

# Employment History:

List your employment history accurately below. Non-CDL Driver Applicants must provide 3 years of employment history. CDL Driver applicants MUST provide 10 years of employment history. This information may be used, and your prior employers may be contacted, for investigating your background. Job history may be supplemented with a resume, please complete this form as well. **Applicants who do not fill this form out completely will NOT be considered for the position.**

Have you worked for Bob's Auto & Towing before?  ❏ Yes    ❏ No

If YES, when? ___/___/___ Prior Position_____

Reason for leaving us?: _____

How were you referred to us? _____

**Most Recent Employer**

Employer:_____

  Supervisor:_____ Phone : (____) _____-_____

  Position:_____ May we contact your employer?  ❏ Yes    ❏ No

  Address:_____

  Employment Start Date _____/_____/_____Employment End Date _____/_____/_____

  Hours worked per week (average) _____ CDL Vehicle Operated?  ❏ Yes    ❏ No

  Starting Wage : _____ Ending Wage:_____Was this a seasonal Job? ❏ Yes   ❏ No

  Major Duties: _____

  _____

  Accomplishments/Awards: _____

  _____

  Reason for Leaving:_____

**Past /Previous Employer**

Employer:_____

Supervisor:_____ Phone : (____) _____-_____

Position:_____ May we contact your employer?   ❒ Yes    ❒ No

Address:_____

Employment Start Date _____/_____/_____Employment End Date _____/_____/_____

Hours worked per week (average) _____ CDL Vehicle Operated?    ❒ Yes    ❒ No

Starting Wage : _____ Ending Wage:_____Was this a seasonal Job? ❒ Yes  ❒ No

Major Duties: _____

_____

Accomplishments/Awards: _____

_____

Reason for Leaving:_____

**Past /Previous Employer**

Employer:_____

Supervisor:_____ Phone : (____) _____-_____

Position:_____ May we contact your employer?   ❒ Yes    ❒ No

Address:_____

Employment Start Date _____/_____/_____Employment End Date _____/_____/_____

Hours worked per week (average) _____ CDL Vehicle Operated?    ❒ Yes    ❒ No

Starting Wage : _____ Ending Wage:_____Was this a seasonal Job? ❒ Yes  ❒ No

Major Duties: _____

_____

Accomplishments/Awards: _____

Reason for Leaving:_____

**Please List 2 Professional References**

| Name of Reference | Relationship to You | Contact Phone Number |
|---|---|---|
|  |  |  |
|  |  |  |

**NOTICE TO APPLICANT:** If employer has not explained or given a job description, make sure one is given to you and that you fully read & understand what is expected of you prior to answering the following two questions listed below.

1. Can you perform the functions described in the job description?     ❒ Yes     ❒ No

2. Please Explain how, with or without reasonable accommodation, you will be able to perform those functions: _____
_____

## Certification & Signature

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from state service if discovered after employment, and under some circumstances, may result in prosecution for a crime.

- I certify that all statements contained herein are true and complete whether made by me or by others at my request
- I understand that if hired, I must prove that I am legally authorized to work in the United States
- I authorize Bob's Auto & Towing to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
- I authorize Bob's Auto & Towing to check my driving record if the position for which I am applying requires driving.
- You may be asked to submit a pre-employment drug test, a credit history check and/or criminal history background check as a condition of employment.
- I release Bob's Auto & Towing and all providers of information from any liability as a result of furnishing and receiving any information related to the Bob's Auto & Towing hiring process.

| Signature (must be signed in ink): | Date: |
|---|---|
|  |  |