



Employment Application

Signal Garage Auto Care

(651)457-2668

Signal Garage Auto Care is an Equal Opportunity Employer dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious affiliation, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: ____/____/____

Position Applying For: _____

PERSONAL INFORMATION

Last Name

First Name

Middle Name

Street

City

State

Zip Code

Home Phone

Cell Phone

Driver's License Number

Email Address

Desired Wage/Salary

Federal Law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, ect.) within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Do you have a legal right to be employed in the U.S.? ____ (Yes) ____ (No)

EDUCATION HISTORY

HIGH SCHOOL:

Name/City & State	Years Completed	Degree/Diploma Y/N
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COLLEGE:

Name/City & State	Years Completed	Degree/Diploma Y/N
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Name/City & State	Years Completed	Degree/Diploma Y/N
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TECHNICAL/TRADE SCHOOL OR OTHER TRAINING:

Name/City & State	Years Completed	Degree/Diploma Y/N
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Name/City & State	Years Completed	Degree/Diploma Y/N
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ASE CERTIFICATIONS:

ANY OTHER TRADE RELATED CERTIFICATIONS?

Books you read in the last 12 months:

EMPLOYMENT HISTORY

Please list all employment for the last five years beginning with your most recent (or current).

1) _____
Company _____ Position Held _____
_____ Address _____ Telephone Number _____
_____ Supervisor _____ Wage/Salary _____
_____ Last Day of Employment _____ Start Date of Employment _____
_____ Reason for Leaving _____

2) _____
Company _____ Position Held _____
_____ Address _____ Telephone Number _____
_____ Supervisor _____ Wage/Salary _____
_____ Last Day of Employment _____ Start Date of Employment _____
_____ Reason for Leaving _____

3) _____
Company _____ Position Held _____
_____ Address _____ Telephone Number _____
_____ Supervisor _____ Wage/Salary _____
_____ Last Day of Employment _____ Start Date of Employment _____
_____ Reason for Leaving _____

4) _____
Company _____ Position Held _____
_____ Address _____ Telephone Number _____
_____ Supervisor _____ Wage/Salary _____
_____ Last Day of Employment _____ Start Date of Employment _____
_____ Reason for Leaving _____

Note: Please indicate with an asterisk (*) if you don't want this company contacted.

TRADE REFERENCES

Please list below the names of three service writers and three technicians who you have worked with, whom you have known at least one year:

Service Advisors/Managers:

_____	_____	_____
Name/Company	Telephone	Years Known
_____	_____	_____
Name/Company	Telephone	Years Known
_____	_____	_____
Name/Company	Telephone	Years Known

Technicians:

_____	_____	_____
Name/Company	Telephone	Years Known
_____	_____	_____
Name/Company	Telephone	Years Known
_____	_____	_____
Name/Company	Telephone	Years Known

SELF EVALUATION

To aid us in selecting the best qualified applicant for the position, we want to know more about your knowledge and abilities. All required to fill out this self-evaluation. It is very important for you to be realistic and trustful in your answers. In the theory section, indicate your knowledge about the operation of these systems and if applying for technician position, please consider your ability to diagnose and repair in your answers.

Knowledge/Ability

<u>TOPIC</u>	<i>None</i>	<i>Fair</i>	<i>Good</i>		
<u>Theory Section</u>					
Gasoline engine mechanical	1	2	3	4	5
Diesel engine	1	2	3	4	5
Hybrid systems	1	2	3	4	5
Computerized vehicles / systems	1	2	3	4	5
Electrical systems	1	2	3	4	5
Starter/Alternator	1	2	3	4	5
Automatic Transmissions	1	2	3	4	5
Manual Transitions / Clutch	1	2	3	4	5
Brake Operation	1	2	3	4	5
Anti-Lock Brake Operation	1	2	3	4	5
Tires design / fitness	1	2	3	4	5
<u>Familiarity with Equipment</u>					
Scan tools	1	2	3	4	5
Lab Scopes	1	2	3	4	5
Computer update / program	1	2	3	4	5
TPMS tools and programing	1	2	3	4	5
A/C machines	1	2	3	4	5
Information Systems (Mitchell, Alldata, Ect.)	1	2	3	4	5
<u>Familiarity with Manufacturers</u>					
Asians	1	2	3	4	5
Domestic	1	2	3	4	5
European	1	2	3	4	5

Performance

Service Advisor: What is your average Repair Order dollar sales? _____

Service Advisor: What is your personal highest yearly dollar sales? _____

Technician: What is your average weekly dollar sales? _____

Technician: What is your average weekly hourly sales? _____

Work Availability

Do you have any objection to working overtime?	YES	NO
Can you work overtime without prior notice?	YES	NO
Do you have any time restriction Monday to Friday 7:30AM to 6:00 PM?	YES	NO

Disclaimer and Signature

As an inducement to Signal Garage Auto Care to consider my application for employment, I agree that:

1. I understand that if hired, I will be an employee "at will." Neither acceptance of this application, nor my subsequent employment by Signal Garage Auto Care in any position or capacity, regardless of the contents of any employee handbooks, personnel manuals, policies, benefit plans, oral statements or representations as they may exist from time to time, will: (a) create an actual or implied contract of employment, (b) confer on me any right to remain an employee of Signal Garage Auto Care, or (c) change in any respect the employment-at-will relationship between myself and Signal Garage Auto Care. Such employment-at-will relationship may be altered *only* by a written agreement signed by me and a duly authorized officer of Signal Garage Auto Care.

2. I authorize Signal Garage Auto Care to investigate all statements contained in this application. I understand that the misrepresentation or omission of any facts in this application constitutes cause for summary rejection of the application, or dismissal at any time without any previous notice. I hereby give Signal Garage Auto Care permission to contact all listed schools and educational institutions, and any previous employers or references, unless the contrary is indicated in this application. I hereby release Signal Garage Auto Care from any and all liability as a result of any such contacts.

3. I also: (a) understand that Signal Garage Auto Care has a drug and alcohol policy that provides for pre-employment testing as well as testing during employment; (b) consent to and agree to comply with such policy as a condition of my employment, and (c) acknowledge that my initial and continued employment requires me to successfully pass all tests under such policy.

4. I understand that in connection with the routine processing of this employment application, Signal Garage Auto Care may request from an insurance agent a driving record report, and from a consumer reporting agency a consumer report or investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. In compliance with the Fair Credit Reporting Act, I will be given a Notice Regarding Background Information, and an Acknowledgment and Authorization, before such a report is ordered.

5. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

Date _____ Signature _____

Interviewed by: _____ Date: _____

Please attach a copy of your resume to this application.