



Signal Garage Auto Care

www.signalgarage.com

84 E Moreland Ave. W. St Paul, MN 55118 (651) 457-2668
2050 Grand Ave. Saint Paul, MN 55105 (651) 690-1487
1592 Marshall Ave. St Paul, MN 55104 (651) 728-6200

Employment Application

Instructions:

- 1. Please print legibly and complete all sections on both sides*
- 2. This application must be completed in your own handwriting*
- 3. Double check your completed application for accuracy*
- 4. Sign and date the application once you have completed it*

Date _____ Position applied for: _____

Name: _____
Last First Middle

Present Address: _____
Street City State Zip Code

How long have you lived at this address? _____ Years _____ Months

Previous Address if you have lived at your current address for less than one year.

How long at this address? _____ Years _____ Months

Street City State Zip Code

Home Phone Number: (____) ____ - _____ May we use this number to contact you? ☐ Yes ☐ No

Cell Phone Number: (____) ____ - _____ May we use this number to contact you? ☐ Yes ☐ No

Work Phone Number: (____) ____ - _____ May we use this number to contact you? ☐ Yes ☐ No

Position applied for: _____

Income desired: _____

How many hours can you work weekly? _____ Can you work overtime? _____

Employment desired ☐ FULL TIME ONLY ☐ PART TIME ONLY ☐ FULL OR PART TIME

When are you available to begin work?

☐ IMMEDIATELY / ☐ ON THE FOLLOWING DATE _____ / ☐ I NEED TO GIVE _____ WEEK'S NOTICE.

Service Advisor Qualifications

* This page is for service advisor position applicants

Please rate your Sales skills on a level of 1 (poor) to 10 (super star) _____

Why did you chose that number? _____

Please rate your Management skills on a level of 1 (poor) to 10 (super star) _____

Why did you chose that number? _____

Please rate your Administrative skills on a level of 1 (poor) to 10 (super star) _____

Why did you chose that number? _____

Are you an ASE Automotive Certified Consultant? _____ Yes _____ No.

Please list 5 words that best describe you _____

Which shop Management program are you proficient with: _____

Which Estimating program are you proficient with: _____

Technician Qualifications

* This page is for technician position applicants

Please rate your under car diagnostics and repair skills on a level of 1 (poor) to 10 (super star) _____

Why did you chose that number? _____

Please rate your Electronics and Electrical Diagnostics and problem solving skills on a level of 1 (poor) to 10 (super star) _____

Why did you chose that number? _____

Please rate your General Engine and Transmission diagnostics and repair skills on a level of 1 (poor) to 10 (super star) _____

Why did you chose that number? _____

Are you an ASE Automotive Certified? ____ Yes ____ No. If Yes, what level? _____

Please list 5 words that best describe you _____

Which shop Management program are you proficient with: _____

Which Labor Guide and Diagnostics-aid program are you proficient with:

Qualifications * This page is for Office position applicants

Please rate your Customer Service skills on a level of 1 (poor) to 10 (super star) _____

Why did you choose that number? _____

Please rate your Time Management skills on a level of 1 (poor) to 10 (super star) _____

Why did you choose that number? _____

Please rate your Administrative skills on a level of 1 (poor) to 10 (super star) _____

Why did you choose that number? _____

Please rate your Telephone Communications skills on a level of 1 (poor) to 10 (super star) _____

Why did you chose that number? _____

Please list your experience with Microsoft products and your skill level of 1 (poor) to 10 (super star)

Why did you choose that number? _____

EDUCATION:

Did you graduate from High School? Yes No If "No," circle highest grade completed: 1 2 3 4
5 6 7 8 9 10 11 12 or, did you receive a High School equivalency diploma? Yes No

SCHOOL	NAME	ADDRESS	DATES ATEENDED FROM / TO	CREDIT HOURS COMPLETED	DII) YOU GRADUATE (Yes / No)	TYPE OF DEGREE RECEIVED
TECHNICAL						
UNIVERSITY						
OTHER						

Please list any sales / management courses you have taken in the last 2 years _____

DRIVER'S LICENSE:

DO YOU HAVE A CURRANT (ACTIVE) DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____

Commercial (CDL) OR Chauffeur ____ Yes ____ No

Expiration date _____

Have you had any accidents in the past three years? ____ Yes ____ No How many? _____

Have you had any moving violations in the past three years? Yes No How many? _____

MILITARY :

HAVE YOU EVER BEEN IN THE ARMED FORCES? ____ Yes ____ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ____ Yes ____ No

Specialty _____ Date Entered _____

Discharge Date _____ Honorable Discharge? ____ Yes ____ No

ABSENTEE HISTORY

LIST ALL PERIODS OF TIME IN WHICH YOU HAVE MISSED MORE THAN THREE CONSECUTIVE DAYS OF WORK
AND REASON FOR ABSENCE:

CRIMINAL CONVICTIONS

Have you ever been convicted of a crime in the last 10 years? _____no _____yes
Are there any criminal charges currently pending against you? _____No _____Yes

If "Yes," please provide a list of EACH conviction, and all currently pending charges including the nature of the offense, dates of conviction, a detailed explanation about the nature of the conviction, sentence served, release dates and any other pertinent information. Attach additional sheet(s) of paper if necessary.

"Conviction" for purposes of this application means a final judgment or verdict of guilty, a plea of guilty, or a plea of *nolo contendere*, in any state or federal court, regardless of whether an appeal is pending or could be taken.

**You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes § 46b-146, 54-76o, or 54-142a. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. § 46b-146), an adjudication as a youthful offender (C.G.S. § 54-76o), a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon (C.G.S. § 54-142a). If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested.

WORK EXPERIENCE:

Please list your work experience for the past ten years beginning with your most recent job held. Include self-employment. Attach additional sheets if necessary.

May we contact the following employer? Yes No

Name of Employer: _____ Dates of Employment Pay or salary (weekly)

Address: _____ From: _____ Start \$: _____

City, State, Zip Code _____ To: _____ End \$: _____

Phone number: _____

Name of last supervisor: _____ Your last job title: _____

Reason for leaving: (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact the following employer? Yes No

Name of Employer: _____ Dates of Employment Pay or salary (weekly)

Address: _____ From: _____ Start \$: _____

City, State, Zip Code _____ To: _____ End \$: _____

Phone number: _____

Name of last supervisor: _____ Your last job title: _____

Reason for leaving: (be specific) _____

List the job and duties you performed, skills used or learned, advancements or promotions at this company.

May we contact the following employer? Yes No

Name of Employer: _____ Dates of Employment Pay or salary (weekly)

Address: _____ From: _____ Start \$: _____

City, State, Zip Code _____ To: _____ End \$: _____

Phone number: _____

Name of last supervisor: _____ .Your last job title: _____

Reason for leaving: (be specific) _____

List the job and duties you performed, skills used or learned, advancements or promotions at this company.

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Name of Employer: _____ Dates of Employment Pay or salary (weekly)

Address: _____ From: _____ Start \$: _____

City, State, Zip Code _____ To: _____ End \$: _____

Phone number: _____

Name of last supervisor: _____ .Your last job title: _____

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List the job and duties you performed, skills used or learned, advancements or promotions at this company.

May we contact the following employer? Yes No

Name of Employer: _____ Dates of Employment Pay or salary (weekly)

Address: _____ From: _____ Start \$: _____

City, State, Zip Code _____ To: _____ End \$: _____

Phone number: _____

Name of last supervisor: _____ .Your last job title: _____

Reason for leaving: (be specific) _____

List the job and duties you performed, skills used or learned, advancements or promotions at this company.

REFERENCES: Please list references other than relatives.

List At Least (2) Automotive Technician's

Name: _____

Relationship: _____

Company: _____

Address: _____

Telephone: _____

May we contact this reference? Yes No

Name: _____

Relationship: _____

Company: _____

Address: _____

Telephone: _____

May we contact this reference? Yes No

List At Least (2) Automotive Service Advisers

Name: _____

Relationship: _____

Company: _____

Address: _____

Telephone: _____

May we contact this reference? Yes No

Name: _____

Relationship: _____

Company: _____

Address: _____

Telephone: _____

May we contact this reference? Yes No

List At Least (2) Automotive Service Managers

Name: _____

Relationship: _____

Company: _____

Address: _____

Telephone: _____

May we contact this reference? Yes No

Name: _____

Relationship: _____

Company: _____

Address: _____

Telephone: _____

May we contact this reference? Yes No

List At Least (2) Personal Associates

Name: _____

Relationship: _____

Company: _____

Address: _____

Telephone: _____

May we contact this reference? Yes No

Name: _____

Relationship: _____

Company: _____

Address: _____

Telephone: _____

May we contact this reference? Yes No

PLEASE READ CAREFULLY

Employment Application Form terms

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.

Signature of applicant _____ Date: _____

PRINT YOUR NAME HERE: _____

**Signal Garage Auto Care is an equal employment opportunity employer.
Applicants may be tested for illegal drugs.**