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 8098 Brooklyn Blvd. • Brooklyn Park, MN 55445 • 763-315-0630
 2128 Rice Street • Maplewood, MN 55113 • 651-403-5958

AUTOMOTIVE TECHNICIAN APPLICATION FOR EMPLOYMENT

Please first read the "Applicant Statement" on the bottom of page four, then fill out the application in your own handwriting or printing. Be accurate and complete. Information you give will not be used for purposes prohibited by law. Upon completion of this application please sign the "Applicant Statement" on the bottom of page four as well as the "Consent for Release of Information", also on page four. If you would like a copy of this application please let us know and we will provide you a copy.

TODAY'S DATE: _____ HOW DID YOU FIND OUT ABOUT THIS POSITION? _____

TYPE OF EMPLOYMENT

- Full Time Temporary Part Time
 Summer Relief (Casual)

SHIFT AVAILABILITY

- Rotating Evenings Weekends Nights Days

SALARY/WAGE EXPECTATIONS _____

- Flat Rate Hourly Weekly

When would you be able to start? _____

Why do you feel you are qualified for this position?

PERSONAL DATA

LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER		
HAVE YOU EVER BEEN EMPLOYED WITH THIS BUSINESS? IF YES, LIST DATES & LOCATIONS		
LICENSES AND CERTIFICATIONS HELD (Professional, Motor Vehicle, Pilot, Marine, Radio, etc.) Include all Motor Vehicle Operator License Numbers and Issuing Date for each.		
OCCUPATIONAL SKILLS OR TRADES (Typing, Automotive, Computers, etc.)		
ACTIVITIES & INTERESTS Exclude any organization or society name of which indicates the race, religious creed, color, national origin or ancestry of its members.		

EDUCATION

Name of School		Location of School	Graduated?		Completed Years / Mo.		Degree Received	Major Subject
			Yes	No				
High School			Yes	No				
Business or Trade School			Yes	No				
College or University			Yes	No				

Do you plan to continue your education? Yes No If Yes, when? _____
 In what field? _____

ASE CERTIFICATIONS

ASE Certifications	ASE Certifications
Expiration Date	Expiration Date
1. Engine Repair <input type="checkbox"/> _____	7. Heating / Air Conditioning <input type="checkbox"/> _____
2. Automatic Transmission/Transaxle <input type="checkbox"/> _____	8. Engine Performance <input type="checkbox"/> _____
3. Manual Drive Train / Axles <input type="checkbox"/> _____	L1 Advanced Engine Performance <input type="checkbox"/> _____
4. Suspension & Steering <input type="checkbox"/> _____	Any Other ASE Certifications
5. Brakes <input type="checkbox"/> _____	_____ <input type="checkbox"/> _____
6. Electrical / Electronics <input type="checkbox"/> _____	_____ <input type="checkbox"/> _____

ADDITIONAL INFORMATION

1. List any other skills, qualifications or experience that may help in this position:

2. Please estimate the dollar value of your own tools: \$ _____

WORK EXPERIENCE

If presently employed, may we contact your present employer? Yes No

Current Employer Name and Address			City, State, Zip	
Telephone	Name of Supervisor	Position Held	From (YY/MM)	To (YY/MM)
Duties: ◦FT ◦PT ◦Casual ◦Temp _____ _____				
Reason for Wanting to Leave			Current Pay Rate	
2nd Last Position Name and Address of Employer			City, State and Zip	
Telephone	Name of Supervisor	Position Held	From (YY/MM)	To (YY/MM)
Duties: ◦FT ◦PT ◦Casual ◦Temp _____ _____				
Reason for Leaving			Ending Pay Rate	
3rd Last Position Name and Address of Employer			City, State, Zip	
Telephone	Name of Supervisor	Position Held	From (YY/MM)	To (YY/MM)
Duties: ◦FT ◦PT ◦Casual ◦Temp _____ _____				
Reason for Leaving			Ending Pay Rate	
4th Last Position Name and Address of Employer			City, State, Zip	
Telephone	Name of Supervisor	Position Held	From (YY/MM)	To (YY/MM)
Duties: ◦FT ◦PT ◦Casual ◦Temp _____ _____				
Reason for Leaving			Ending Pay Rate	

REFERENCES
Consent for Release of Information/Employment References

I am applying for employment and I hereby authorize my previous employers to release personal information relating to my employment and/or educational background.

Signature _____ Date _____

Name	Relation(former owner/supervisor/co-worker)	Phone Number

ADDITIONAL INFORMATION

1. Do you possess a valid driver's license? Yes No
2. For insurance purposes and as a condition of your employment we will need to do a Motor Vehicle Records Check. Please provide your Drivers License Number _____.
3. As a condition of your employment, you may be required to take a drug and alcohol test; are you willing to do so? Yes No
4. Have you ever been convicted of any crime(s), either misdemeanor or felony (other than minor traffic infractions)?
 Yes No

If "YES", describe each offense along with when & where. (Do not include arrests which did not result in a conviction or convictions which have been judicially sealed, expunged or statutorily eradicated.)

APPLICANT STATEMENT

The information given is true and correct, and I understand that if I am employed, any misrepresentation, false statement, or omission of consequence herein, found by you at the time, will be sufficient cause to terminate my employment. I authorize the verification of any or all information listed above. As a condition of employment, if employment is offered, I must be authorized to work in the U.S. and demonstrate that authorization as required by the Immigration Reform and Control Act of 1986.

Signature _____ Date _____

TECHNICIAN EMPLOYMENT QUESTIONNAIRE

1. Below, rank the make of cars you feel you have the most experience in.

1) _____ 2) _____ 3) _____ 4) _____ 5) _____

2. Below, rank the make of cars you feel you have the least or no experience in.

1) _____ 2) _____ 3) _____ 4) _____ 5) _____

3. What make of Scanners are you familiar and comfortable with? _____

4. 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. or bending over for long periods of time while working under the hoods of cars? Yes No If Yes, please explain. _____

5. Below, rate your experience on the following systems:

	<u>Master Tech</u>	<u>Journey Level</u>	<u>Apprentice Level</u>	<u>Little or None</u>
Engine Performance/Tune	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical & Computer Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emission Testing and Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating & Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engine Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brakes, Suspension and Steering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Transmissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Transmissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine Maintenance & Servicing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. In one word how would you describe yourself?

7. What are your short and long term goals?

8. On a scale of 1 to 10 how comfortable are you using a PC, Microsoft Windows and typing in general? _____