

EMPLOYMENT APPLICATION

Complete Auto Body, LLC
 1711 School Rd
 Greenleaf, WI 54126



APPLICANT INFORMATION

Last Name				First				M.I.	Date		
Street Address								Apartment/Unit #			
City				State				ZIP			
Phone 1			Phone 2			E-mail Address					
Date Available				Social Security No.				Desired Salary			
Position Applied for						Date available to start work					
Are you available to work:	<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time		<input type="checkbox"/> Temporary						
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Do you possess a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Can you travel if the job requires it:		YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?								
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								
Are you currently on "Lay Off" status and subject to recall?								YES <input type="checkbox"/>	NO <input type="checkbox"/>		

EDUCATION

High School				Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
College				Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
Other				Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						

REFERENCES

Please list three professional references.

Full Name				Relationship							
Company				Phone							
Full Name				Relationship							
Company				Phone							
Full Name				Relationship							
Company				Phone							

Are you certified for Automotive Service Excellence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
In which areas?		

Do you have diagnostic and repair skills in the following areas? Mark Yes or No

Tire Changing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Tire Repair?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Engine Cooling Service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Transmission Service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Four Wheel Alignment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Suspension Systems?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Heating and Air Conditioning?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Brake Systems?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Charging System?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Starting System?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Ignition System?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Fuel System?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
OBDII Diagnostics	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Engine Repair?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

For those services marked YES above, rank them in order in which you are most skilled, #1 being your specialty, the last being your weakest skill. Please list any other valuable skills you may have.

1	7
2	8
3	9
4	10
5	11
6	12

What is the Value of your tool collection?		Do you have any specialty tools?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, describe specialty tools and for what types of service:				

List all training courses related to automotive service that you have attended during the last three years. Include length of course and the name of the organization presenting the course.

Course	Length	Presenting Organization

Have you developed a working familiarity with the following type of equipment?			<i>If Yes</i> , indicate Skill level 1- Have had introductory training and use of this equipment 2- Have used this equipment to service and repair many vehicles 3- Am highly skilled with this equipment and could train others. 1 2 3	What brand/model
Transmission Flush	YES <input type="checkbox"/>	NO <input type="checkbox"/>	1 2 3	
Cooling System Flush	YES <input type="checkbox"/>	NO <input type="checkbox"/>	1 2 3	
Fuel System Decarbonizer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	1 2 3	
Engine Analyzer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	1 2 3	
Scan Tool	YES <input type="checkbox"/>	NO <input type="checkbox"/>	1 2 3	
Lab Scope	YES <input type="checkbox"/>	NO <input type="checkbox"/>	1 2 3	
Charging System Analyzer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	1 2 3	
Brake Lathe	YES <input type="checkbox"/>	NO <input type="checkbox"/>	1 2 3	
Alignment Machine	YES <input type="checkbox"/>	NO <input type="checkbox"/>	1 2 3	
Cutting Torch	YES <input type="checkbox"/>	NO <input type="checkbox"/>	1 2 3	
Mig Welder	YES <input type="checkbox"/>	NO <input type="checkbox"/>	1 2 3	
Exhaust Pipe Bender	YES <input type="checkbox"/>	NO <input type="checkbox"/>	1 2 3	
Digital Volt/Ohm Meter	YES <input type="checkbox"/>	NO <input type="checkbox"/>	1 2 3	
Circuit Short/Open Finder	YES <input type="checkbox"/>	NO <input type="checkbox"/>	1 2 3	
Able to read and interpret automotive wiring schematics	YES <input type="checkbox"/>	NO <input type="checkbox"/>	1 2 3	

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand, also, that I am required to abide all rules and regulations of the employer.

Signature

Date

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.