

APPLICANT NAME:

DATE:



(615) 794-1504



www.moodystire.com



1600 Columbia Ave. Franklin, TN 37064

APPLICATION FOR EMPLOYMENT

AUTOMOTIVE TECHNICIAN

We are an equal opportunity employer and do not discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services and program is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

APPLICATION INSTRUCTIONS

1. This application must be completed in your own handwriting
2. Print legibly and complete all sections on both sides of the application
3. Sign and date the application once it is completed

PERSONAL DATA

| | | |
|---|------------------------|--------------------------|
| Last Name | First Name | Middle Name |
| Address | | |
| City | State | Zip Code |
| Home Phone | Cell Phone | |
| Email Address | Social Security Number | |
| Type of Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time | | Salary/Wage Expectations |

| | |
|--|----------------------------------|
| How did you find out about this position? | When would you be able to start? |
| Why do you feel you are qualified for this position? | |
| Are you currently employed? | If so, where? |
| Do you use tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

What level of technician would you classify yourself as? (Circle A, B, C, or D)

A - Level Technician is an ASE Master Technician Highly Skilled in all levels of repair, diagnostics and maintenance

B - Level Technician is an ASE Certified Mechanic that will have strengths and weaknesses in all areas

C - Level Technician is proficient in oil changes, brakes and other basic repairs

D - Level Technician would be an apprentice just entering the industry

| | |
|---|---------------------------------------|
| How long have you been at your present address? | Do you have a valid Driver's License? |
| | If Yes, are you insurable? |

Have you ever been convicted of any crime(s), either misdemeanor or felony (other than minor traffic infractions)? ☐ Yes ☐ No

If Yes, please provide thorough explanation:

Activities and Interests (exclude any organization or society name which indicates the race, religious creed, color, national origin or ancestry of its members).

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

List **5** words that describe you:

1. 2. 3. 4. 5.

What is on your "Wish List" over the next few years?

WORK EXPERIENCE

List your last 4 employers, including any military experience.

If currently employed, may we contact your current employer?

☐ Yes

☐ No

CURRENT POSITION

Employer Name and Address

City, State ZIP

Telephone

Name of Supervisor

Position Held

Date Started

Main Duties:

Reason for Wanting to Leave:

Current Rate of Pay

If you could have changed anything at this job, what would you have changed?

2ND LAST POSITION

Employer Name and Address

City, State ZIP

Telephone

Name of Supervisor

Position Held

From (MM/YY)

To (MM/YY)

Main Duties:

Reason for Leaving:

Final Rate of Pay

If you could have changed anything at this job, what would you have changed?

3RD LAST POSITION

Employer Name and Address

City, State ZIP

Telephone

Name of Supervisor

Position Held

From (MM/YY)

To (MM/YY)

Main Duties:

Reason for Leaving:

Final Rate of Pay

If you could have changed anything at this job, what would you have changed?

4TH LAST POSITION

Employer Name and Address

City, State ZIP

Telephone

Name of Supervisor

Position Held

From (MM/YY)

To (MM/YY)

Main Duties:

Reason for Leaving:

Final Rate of Pay

If you could have changed anything at this job, what would you have changed?

Please explain any gaps in your employment history:

What do you believe these employers would say if I called them?

Which of your jobs did you like best? Why?

REFERENCES

Only list people you have known for more than a year.

| | | | |
|---|-----------------------------|--------------|----------------------|
| Name of a Service Advisor/Employer | Length of Time Known | Phone | Email Address |
| Name of a Technician | Length of Time Known | Phone | Email Address |
| Name of a Technician | Length of Time Known | Phone | Email Address |
| Name of a Technician | Length of Time Known | Phone | Email Address |
| Name of a Friend | Length of Time Known | Phone | Email Address |
| Name of a Friend | Length of Time Known | Phone | Email Address |
| Name of a Friend | Length of Time Known | Phone | Email Address |

EDUCATION

| Name of School | Location of School | Graduated? | Completed Years / Mo. | Degree Received | Major Subject |
|--|---------------------------|---|------------------------------|------------------------|----------------------|
| High School | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Business or Trade School | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| College or University | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Do you plan to continue your education? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When? _____ | | | | | |

ASE CERTIFICATIONS

Please select all that apply and include expiration dates.

| Expires | | Expires | |
|---|--|--|--|
| <input type="checkbox"/> Engine Repair | | <input type="checkbox"/> Heating / Air Conditioning | |
| <input type="checkbox"/> Automatic Transmission / Transaxle | | <input type="checkbox"/> Engine Performance | |
| <input type="checkbox"/> Manual Drive Train /Axles | | <input type="checkbox"/> L1 Advanced Engine Performance | |
| <input type="checkbox"/> Suspension & Steering | | <input type="checkbox"/> List any other ASE Certificates here: | |
| <input type="checkbox"/> Brakes | | | |
| <input type="checkbox"/> Electrical / Electronics | | | |

SKILL AND EXPERIENCE ASSESSMENT

| |
|--|
| What is the approximate value of your tools and equipment? |
| What diagnostic equipment are you experienced in using? |
| Which repair or estimating programs are you proficient with? |
| What technical courses/training or seminars have you attended in the last year? |
| Below, rank the make of cars you feel you have the most experience in: |
| 1. 2. 3. 4. 5. |
| Below, rank the make of cars you feel you have least or no experience in: |
| 1. 2. 3. 4. 5. |
| On a scale of 1 to 10 how comfortable are you using a PC, Microsoft Windows and typing in general? |

Below, rate your experience with the following systems:

| | Master Tech | Journey Level | Apprentice Level | Little or None |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |
| Brake, 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"/> |

Do you have any physical problems that will restrict your abilities to service and repairs 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, color blindness, eye issues, hearing issues? ☐ Yes ☐ No *If Yes, please explain:*

If you were to create a maintenance schedule for an average 10 year old car, what mileage/month intervals would you recommend the services be for:

| | | | |
|---------------|--|--------------------|--|
| Oil Changes | | Coolant | |
| ATF Service | | "Lifetime" Coolant | |
| Shocks/Struts | | Hoses | |
| Brake Fluid | | Belts | |

RELEASE AND AUTHORIZATION 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 as 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.

I also understand that neither the application nor a commitment of employment by Monroe Tire & Service constitutes a contract of employment. If a contract is to exist, that document will be executed in writing by Monroe Tire & Service. I understand that this application for employment is valid for no more than 60 days. After that, I must resubmit and application in order to be considered for positions with Monroe Tire & Service.

Applicant Signature

Print Name

Date