

# TOP PERFORMANCE AUTOMOTIVE

## EMPLOYMENT APPLICATION

Please print clearly, fill out all 4 pages then sign and date last page

### GENERAL

Name (Last, First, Initial)		SSN	
Current Address (Street, City, State)		Zip	
Date: _____	Phone #	Alt Phone #	
Date of Birth: _____			
If hired, can you provide proof of citizenship or legal right to work? Yes <input type="checkbox"/> No <input type="checkbox"/>			

### POSITION APPLYING FOR

Service Technician <input type="checkbox"/> Service Advisor/writer <input type="checkbox"/> Lube Technician <input type="checkbox"/> Management Position <input type="checkbox"/> Other <input type="checkbox"/> _____	<b>Position Desired</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	<b>Date Available</b> _____	<b>Salary Expected</b> \$ _____
<b>Source of Referral</b> _____			

### BACKGROUND INFORMATION

Have you ever been convicted of a felony or a first degree misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain:  
Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any speeding tickets or reckless driving infractions in the last 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how many? _____ Date of last ticket: _____

Have you had a DUI in the last 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? _____
Will you pass a drug screening test? Yes <input type="checkbox"/> No <input type="checkbox"/>

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Date available to start work: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

**EMPLOYMENT HISTORY – Starting with most recent**

1) Company Name: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Name & Title of Immediate Supervisor: \_\_\_\_\_

Can we contact this employer? Yes  No

Your Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Company Name: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Name & Title of Immediate Supervisor: \_\_\_\_\_

Can we contact this employer? Yes  No

Your Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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3) Company Name: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Name & Title of Immediate Supervisor: \_\_\_\_\_

Can we contact this employer? Yes  No

Your Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**EDUCATION/TRAINING**

	School Name, City, and State	Course of Study/Major	Years Attended	Graduated? If so, date	Title of Degree Received
High School				Yes <input type="checkbox"/> No <input type="checkbox"/> _____	
College University or Tech School				Yes <input type="checkbox"/> No <input type="checkbox"/> _____	
Other				Yes <input type="checkbox"/> No <input type="checkbox"/> _____	

List any skills and/or training you have that are relevant to the position you are applying for:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**LANGUAGE ABILITY/SKILLS**

<p><b>English</b></p> <p>Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/></p> <p>Other: _____</p> <p>Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/></p>	<p><b>Typing Skills</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Words per min: _____</p>	<p><b>List ASE Certificates acquired or Awards received</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**PERSONAL REFERENCES – List three people not related to you**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Years Known: \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Years Known: \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Years Known: \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

**Statement of Purpose**

I certify that my application and all attachments are true and complete to the best of my knowledge. I understand that any incorrect, incomplete, or false statements or information furnished by me may, at the discretion of Top Performance Automotive, disqualify me from employment, or cause my dismissal. I hereby authorize Top Performance Automotive to make a thorough investigation of my past employment and activities. I release from liability Top Performance Automotive, former employers, or any persons supplying such information. The language in this application is not intended to create, nor is it to be misconstrued to constitute, a contract of employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

YOU ARE WELCOME TO ATTACH A RESUME OR OTHER INFORMATION IF YOU FEEL IT WILL GIVE US FURTHER INSIGHT INTO YOUR QUALIFICATIONS.

No person shall be denied employment on the basis of race, color, ethnicity, national origin, sex/gender, sexual orientation, religion, creed, disability (including HIV status, age, veteran status, marital status or ex-offender status).