TOP PERFORMANCE AUTOMOTIVE

EMPLOYMENT APPLICATION

GENERAL						
Name (Last, First, Initial)			SSN			
Current Address (Street, City, State)			Zip	Zip		
		Phone #		Ale	Phone #	
Date:	_	Phone #		Alt	Prione #	
Date of Birth:						
If hired, can you provide proof of citizensh	hip or leg	al right to v	work?			
Yes No No						
POSITION APPLYING FOR						
	Position Desired Da		Date Availa	ble	Salary Expected	
Service Advisor/writer Lube Technician	Full-Tin	16			\$	
Management Position	Part-Tin				Φ	
Other	Tempor	ary				
Source of Referral						
BACKGROUND INFORMATION						
Have you ever been convicted of a felony of	or a first o	degree mis	demeanor?			
Yes No						
If yes, please explain:						
all and a second a						
Do you have a valid driver's license?		· · · · · · · · · · · · · · · · · · ·				
Yes No						
Do you have any speeding tickets or reckl	ess drivir	ng infractio	ns in the last	5 yea	ars?	
Yes No No						
If yes, how many? Date of l	last ticket	·•				

Have you had a DUI in the last 5 years?	?		
Yes No No			9
If yes, when?			
Will you pass a drug screening test? Yes ☐ No ☐			
Driver's License Number:			
Date available to start work:			
Emergency Contact Name:	(API) - L. C.	Phone Number:	
Emergency Contact Relationship:	The Assertance of the Control of the		
EMPLOYMENT HISTORY – Starting	y with most re	cent	
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 Your Title:		Reason for Leaving:	
Description of Responsibilities:			

3)Comp	oany Name:	Emp	oloyed from:	to	
Address	s:				
Phone N	Number:	Final Salary:			*
Name &	Title of Immediate Supervis	sor:			
Can we	contact this employer? Yes [No 🗌			
Your Ti	tle:	Reason	for Leaving:		
Descrip	tion of Responsibilities:				599
EDUCA	ATION/TRAINING				
	School Name, City, and State	Course of Study/Major	Years Attended	Graduated? If so, date	Title of Degree Receive
gh hool	4			Yes No	Treceive .
llege liversity Tech hool				Yes No	
her		4		Yes No No	
List any	skills and/or training you h	nave that are relevant to the	position you ar	re applying for:	ď

LANGUAGE ABILITY/SKILLS					
English	Typing Skills	List ASE Certificates			
Speak Read Write	Yes No No	acquired or Awards received			
Other:	Words per min:				
Speak Read Write					
	2 e				
PERSONAL REFERENCES - List three	people not related to you				
Name:	Phone:				
Years Known: Relationship to Applicant					
Name:	Name: Phone:				
Years Known:	Relationship to Applicant				
Name:	Phone:				
Years Known:	Relationship to Applicant				
Statement of Purpose					
I certify that my application and all att					
I understand that any incorrect, incom					
may, at the discretion of Top Performa my dismissal. I hereby authorize Top I					
my past employment and activities. I r					
employers, or any persons supplying s					
intended to create, nor is it to be misco	onstrued to constitute, a contr	act of employment.			
Signatura	Data				
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 exoffender status).