

Employment Application



Kearney Tire & Auto
801 East 28th Street
Kearney, NE 68847

YOUR NAME: _____
LAST FIRST MIDDLE INITIAL DATE

ADDRESS:

DATE AVAILABLE: _____

EMAIL: _____

SSN: _____

DESIRED SALARY: _____

POSITION APPLIED FOR: _____

PHONE: _____

Are you a citizen of the United States? Yes No

Have you ever worked for this company? Yes No

Have you ever been convicted of a felony? Yes No

Drivers License No. _____

If NO, are you authorized to work in the U.S.? Yes No

If so, when? _____

If yes, explain _____

EDUCATION:

EDUCATION:	Yrs. Completed	Field of Study	Graduate or Degree
High School _____			
College/University _____			
Business/Technical _____			
Other _____			

EMPLOYMENT: List most recent employment first. Be sure all your experience or employers related to this job are listed here.

Employer Name and Address: _____ _____	Position/Title/Duties/Skills _____ _____	Dates Employed: from: _____ to: _____ Reason for leaving: _____
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name _____ Phone _____	Salary: _____
Employer Name and Address: _____ _____	Position/Title/Duties/Skills _____ _____	Dates Employed: from: _____ to: _____ Reason for leaving: _____
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name _____ Phone _____	Salary: _____

REFERENCES: List three personal references who are not relatives or former employers/supervisors.

Name _____	Address _____	Phone _____	Occupation _____	Years known _____
Name _____	Address _____	Phone _____	Occupation _____	Years known _____
Name _____	Address _____	Phone _____	Occupation _____	Years known _____

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

Signature _____ Date: _____

Advanced Auto Repair ONLY

TECHNICAL QUALIFICATIONS

If you are applying for a position as a technician, are you ASE Certified? Yes No
 If so, mark below the areas of certification:

- | | |
|--|---|
| <input type="checkbox"/> Engine Performance | <input type="checkbox"/> Electrical Systems |
| <input type="checkbox"/> Engine Repair | <input type="checkbox"/> Brakes |
| <input type="checkbox"/> Auto Transmissions | <input type="checkbox"/> Manual Transmissions and Axels |
| <input type="checkbox"/> Suspension & Steering | <input type="checkbox"/> Heating & Air Conditioning |
| <input type="checkbox"/> Exhaust Systems | <input type="checkbox"/> Advanced Engine Performance |

Do you have a current license to perform State Inspections in this area? Yes No

Below rate your **experience** on the following systems:

	Master Tech	Journey Level	Apprentice Level	Little or None
Engine Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical & Computer Diag.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emissions Testing & Diag.	<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 & 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"/>

Below, list (in order) the make of cars you feel you have the most experience with?

1. _____
2. _____
3. _____
4. _____
5. _____

Below, list (in order) the make of cars you feel you have the least or no experience with?

1. _____
2. _____
3. _____
4. _____
5. _____

If you were to specialize in any systems, which systems would you choose? _____

What makes of Diagnostic Scopes are you familiar and comfortable with? _____

What makes of scanners are you familiar and comfortable with? _____

As a condition of employment you will be required to take a drug and alcohol test, are you willing to do so? Yes No

Do you have any physical problems that will restrict your ability to service and repair vehicles, such as lifting heavy objects like wheels, cylinder heads, etc. and bending over for long periods of time while working under the hoods of vehicles? Yes No

If YES, please explain _____

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Signature _____ Date: _____