

SUPER-LUBE

Complete Car Care Centers

General Employment Application

Last Name: _____ First Name: _____ Initial: _____
City: _____ State: _____ Zip: _____
Birth Date: - -19
Phone Home: - - Cell: - - Alternate: - -
Social Security #: xxx-xx- _____ Sex: M: F:
Marital Status Single: Married: # Of Dependents: _____
Do you have a valid driver's license Yes No: Drivers License #: _____
Have you ever been arrested on criminal charges? Yes No
If Yes explain: _____

Position Applying for:

Entry Level Tech: Tech: Lead Tech: Manager: Assistant Manager:

Driver:

Desired Hourly Wages(technicians only): _____

Salary(manager and assistance): _____

Are you ASE Certified Yes: No:

If yes, list the areas you have certifications for:

Are you on any medication currently: Yes: No

If yes for what reason: _____

Have you ever been on workman compensation to work Yes: No:

If yes for what injury: _____

Do you have reliable means of transportation to work Yes: No:

Desired start date: - -2

How do you rate yourself in the following areas(technicians only):

<u>Description</u>	<u>Needs Improvement</u>	<u>Fair</u>	<u>Good</u>	<u>Excellent</u>
Lubrication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Custom bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engine Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspension & Steering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tire Mounting & Balancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Education

High School

Professional School

College

Name & Location of School

Did you graduate

yes: no:

yes: no:

yes: no:

List any training seminars you have attended in the past 3 years: _____

Employment History:

Name of present or last employer: Phone#: - - -
Address: City: State:
Job Title: Start date: - - leaving date: - -
Weekly starting salary: Weekly final salary:
Name of supervisor: May we contact your supervisor Yes: No:
Job Description:

Reason for leaving:

Name of present or last employer: Phone#: - - -
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Address: City: State:
Job Title: Start date: - - leaving date: - -
Weekly starting salary: Weekly final salary:
Name of supervisor: May we contact your supervisor Yes: No:
Job Description:

Reason for leaving:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

Date: _____ Name: _____