## **Application to Join Our Team at Graham Auto Repair**

Graham Auto Repair is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, or protected vertan status, and will not be discrimiated against on the basis of disability. If you have a disability and believe you need a reasonable accomodation in order to search for a job opening or to submit an online application, please email GrahamAuto.Careers@gmail.com.

Position you are	e applying for:			Graham and/or Yelm Location:				
Personal I	nformatio	า						
Name (last, firs				Email Address				
Streed Address				City		State	Zip	
Home Phone Number				Cell Phone Number				
Date you can start work		Salary Desired	Do you have a Hig		th School Diploma or GED? Yes □ No □			
Employme	ent Inform	ation						
			the US on an unrestri	cted basis?		Yes 🗆	No □	
•			onday-Friday, 8am-6			ne weeker	nd.	
	•	•	ork 7:50am-5pm. Offi	•				
We also h	aveTeam tı	raining, me	eetings, and gathering	gs that eve	ryone is expe	cted to at	tend.	
Are these terms that you are willing to commit to?						Yes □	No □	
Have you	read the Re	esponsibili	ties of the job you ar	e applying	for?	Yes □	No □	
If yes, can	you perfor	m these w	vith or without reason	nable accor	modations?	Yes □	No □	
Qualificat	ions Please	list any educ	cation or training that you	ı feel relates	to the position y	ou are appl	ying for, that will help	
you perform	1		will be expected of you; i.	e. college, vo	cational, techni	cal or milita	ry	
	Sc	chool or Tr	aining Name	Degree		Address/0	City/State	
School								
School								
Other								
Special Sk	<b>ills</b> Please li	st any specio	al skills that you feel relate	es to the posi	tion; i.e. leaders	hip, organiz	ation	
			sional references not rela rofessional references, yo	•	-	•		
Name		Address/City/State		Pho	ne	Relationship		

<b>Work History</b> Start with your p	resent or most recent job and work b	ackwards. Includ	e paid and un <sub>l</sub>	paid work.		
Job Title #1		Start Date		End Date		
Company Name	Supervisor's Name	I	Supervisor's Phone Number			
City	State		Zip			
Responsibilities:	L					
Reason for Leaving:						
May we contact	your present employer?	Yes □	No □	 n/a □		
Job Title #2	, , ,	Start Date		End Date		
Company Name	Supervisor's Name	<b>I</b>	Supervisor's	Phone Number		
City	State		Zip			
Responsibilities:	L					
Reason for Leaving:						
Job Title #3		Start Date		End Date		
Company Name	Supervisor's Name		Supervisor's	Supervisor's Phone Number		
City	State	State		Zip		
Responsibilities:	I					
Reason for Leaving:						
Job Title #4		Start Date		End Date		
Company Name	Supervisor's Name	Supervisor's Name		Supervisor's Phone Number		
City	State		Zip			
Responsibilities:	L					
Reason for Leaving:						
L I certify that the facts set forth in t	this application are true and complete	e to the best of m	ıy knowedge. I	understand that if I'm		
	sions or misrepresentations may resu					
	stated and release them from any lia					
employer. I acknowledge and under	erstand that the company is an "at w	ill" employer. The	erefore, I may	resign at any time, just as		
they may terminate the employme	ent relationship with me at any time,	with or without of	cause or notice	e. This application for		
	ctive for a period of time not to exce	ed 60 (sixty) days	. Any applican	t wishing to be considered		
for employment beyond this time	period should reapply.					
Applicant Signature			Date			