

Application to Join Our Team at Graham Auto Repair

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Position you are applying for:

Personal Information			
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Name (last, first, middle)			
Street Address	City	State	Zip
Home Phone Number	Cell Phone Number		
Date you can start work	Salary Desired	Do you have a High School Diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employment Information	
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Are you authorized to work in the US on an unrestricted basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Graham Auto Repair is open Monday-Friday, 8am-6pm. We are closed on the weekend. Technicians are expected to work 7:50am-5pm. Office Staff is expected to work 7:30am-6pm. We also have Team training, meetings, and gatherings that everyone is expected to attend.	
Are these terms that you are willing to commit to?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you read the Responsibilities of the job you are applying for?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, can you perform these with or without reasonable accommodations?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Qualifications <i>Please list any education or training that you feel relates to the position you are applying for, that will help you perform the Responsibilities that will be expected of you; i.e. college, vocational, technical or military</i>			
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	School or Training Name	Degree	Address/City/State
School			
School			
Other			

Special Skills <i>Please list any special skills that you feel relates to the position; i.e. leadership, organization</i>	
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References <i>Please list three professional references not related to you, with full name, address, phone number and relationship. If you don't have three professional references, you may list personal, unrelated references.</i>			
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Name	Address/City/State	Phone	Relationship

Work History *Start with your present or most recent job and work backwards. Include paid and unpaid work.*

Job Title #1		<i>Start Date</i>	<i>End Date</i>
Company Name	Supervisor's Name	Supervisor's Phone Number	
City	State	Zip	
Responsibilities:			
Reason for Leaving:		Starting Pay	Ending Pay

May we contact your present employer? Yes No n/a

Job Title #2		<i>Start Date</i>	<i>End Date</i>
Company Name	Supervisor's Name	Supervisor's Phone Number	
City	State	Zip	
Responsibilities:			
Reason for Leaving:		Starting Pay	Ending Pay

Job Title #3		<i>Start Date</i>	<i>End Date</i>
Company Name	Supervisor's Name	Supervisor's Phone Number	
City	State	Zip	
Responsibilities:			
Reason for Leaving:		Starting Pay	Ending Pay

Job Title #4		<i>Start Date</i>	<i>End Date</i>
Company Name	Supervisor's Name	Supervisor's Phone Number	
City	State	Zip	
Responsibilities:			
Reason for Leaving:		Starting Pay	Ending Pay

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if I'm employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize Graham Auto Repair to make an investigation of anything stated and release them from any liability. They may contact any listed references or prior employer. I acknowledge and understand that the company is an "at will" employer. Therefore, I may resign at any time, just as they may terminate the employment relationship with me at any time, with or without cause or notice.

Applicant Signature

Date