

# APPLICATION FOR EMPLOYMENT

## at **SUQUAMISH AUTO REPAIR, INC.**

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, or other protected classifications.

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Today's Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Are you over 18 years old?  yes  no

Are you a U.S. Citizen or otherwise authorized to work in the U.S. on an unrestricted basis?  yes  no

How did you learn of this opening? \_\_\_\_\_

Have you worked here before?  yes  no

Are there any hours, shifts or days you cannot or will not work? \_\_\_\_\_

Shift preferred \_\_\_\_\_ Part-Time  Full Time

Are you willing to work overtime as required?  yes  no

Do you have a physical or medical condition which would limit your capacity for the job?  yes  no

If yes, what can be done to accommodate your limitation: \_\_\_\_\_

Have you ever been convicted of a felony?  yes  no

If yes, describe conditions: \_\_\_\_\_

Education	Name and location of School	Major	Diploma/ Degree
High School			
College / Univ.			
College / Univ.			
Other Training / Education			
Other Training / Education			

In addition to your work history (below), what other experiences, skills, or qualifications would especially fit you for work with our company? \_\_\_\_\_

Position Applied For 1. \_\_\_\_\_ 2. \_\_\_\_\_

Wage or Salary Desired \$ \_\_\_\_\_ When can you start? \_\_\_\_\_

**Work History**

May we contact your present employer?  yes  no

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<b>Most Recent Employer</b>	Address	Telephone	
Date Started	Starting Salary	\$ Per	Starting Position
Date Left	Salary on Leaving	\$ Per	Position on Leaving
Name and Title of Supervisor			
Description of Duties		Reason for Leaving	

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<b>Previous Employer</b>	Address	Telephone	
Date Started	Starting Salary	\$ Per	Starting Position
Date Left	Salary on Leaving	\$ Per	Position on Leaving
Name and Title of Supervisor			
Description of Duties		Reason for Leaving	

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<b>Previous Employer</b>	Address	Telephone	
Date Started	Starting Salary	\$ Per	Starting Position
Date Left	Salary on Leaving	\$ Per	Position on Leaving
Name and Title of Supervisor			
Description of Duties		Reason for Leaving	

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<b>Previous Employer</b>	Address	Telephone	
Date Started	Starting Salary	\$ Per	Starting Position
Date Left	Salary on Leaving	\$ Per	Position on Leaving
Name and Title of Supervisor			
Description of Duties		Reason for Leaving	

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize Suquamish Auto Repair to make an investigation of any of the facts set forth in this application.

I understand that employment at Suquamish Auto Repair is "at will", which means that either I or Suquamish Auto Repair can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of Suquamish Auto Repair, other than the president, has any authority to alter the foregoing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicants Signature

**APPLICANT WAIVER FORM**

(To be signed by all job applicants along with application form)

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information.

In consideration for my employment and my being considered for employment by your company, I agree to conform to the rules and regulations of Suquamish Auto Repair and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by Suquamish Auto Repair at any time, at the company's sole option and without any prior notice to me. I further acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of Suquamish Auto Repair or myself.

I understand that this application will remain active for no more than 90 days from the date it was made.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date