

**CARMASTERS AUTOMOTIVE LLC
APPLICATION FOR EMPLOYMENT**

DATE: _____ HOURS / DAYS YOU CAN WORK _____

NAME: _____

ADDRESS: _____

_____ ZIP _____

HOME PHONE _____ CELL _____

DO YOU HAVE A VALID DRIVER'S LISCENSE? _____

DRIVER'S LISCENSE NUMBER _____ STATE _____

OF TICKETS IN LAST 3 YRS _____

OF ACCIDENTS IN LAST YEAR _____

SOCIAL SECURITY: _____

POSITION APPLIED FOR _____

ASE CERTIFIED _____ EXPIRES _____

ST INSPECTOR CERTIFIED _____ EXPIRES _____

DATE YOU CAN START _____
DAY/MONTH/YEAR

PAST EMPLOYMENT - INCLUDE PHONE NUMBERS AND WHY LEFT

1) _____

2) _____

3) _____

PERSONAL REFERENCES INCLUDE PHONE NUMBERS AND IF RELATED

1) _____

2) _____

3) _____

I AUTHORIZE REFERENCE/BACKGROUND CHECKS _____

Application Continuation

List all automotive certifications/experience

Current ASE _____

State Inspector _____ Expiration Date _____

EPA MVA _____

Have you ever/Can you (with what type of equipment)

Operate Tow Truck _____

Operate/licensed Forklift _____

Perform front end alignment _____

Body/Refinish Work _____

ICAR _____

Formal Automotive Training (such as ATI or college)

Other

