

# HIGHLINE CAR CARE

Automotive Technician  
Employment Application



|                     |   |
|---------------------|---|
| TODAY'S DATE: _____ | HOW DID YOU FIND OUT ABOUT THIS POSITION? _____ |
|---------------------|---|

Type of employment:

|                                    |                                    |                                    |                                 |  |
|------------------------------------|------------------------------------|------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time | <input type="checkbox"/> Temporary | <input type="checkbox"/> Summer | <input type="checkbox"/> Relief (Casual) |
|------------------------------------|------------------------------------|------------------------------------|---------------------------------|--|

|                                 |                                    |                                 |                                 |
|---------------------------------|------------------------------------|---------------------------------|---------------------------------|
| Salary/Wage Expectations: _____ | <input type="checkbox"/> Flat Rate | <input type="checkbox"/> Hourly | <input type="checkbox"/> Weekly |
|---------------------------------|------------------------------------|---------------------------------|---------------------------------|

When would you be able to start? \_\_\_\_\_

Why do you feel you are qualified for this position?

\_\_\_\_\_

\_\_\_\_\_

## APPLICANT INFORMATION

|   |                                 |                                |  |                              |                             |
|---|---------------------------------|--------------------------------|--|------------------------------|-----------------------------|
| Last Name                                 |                                 | First                          |  | M.I.                         |                             |
| Street Address                            |                                 |                                |  | Apartment/<br>Unit #         |                             |
| City                                      |                                 | State                          |  | ZIP                          |                             |
| Phone                                     |                                 | E-mail Address                 |  |                              |                             |
| Social Security No.                       |                                 |                                |  |                              |                             |
| Are you a citizen of the United States?   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever worked for this company?    | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | If so, when?                                   |                              |                             |
| Have you ever been convicted of a felony? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | If yes, explain                                |                              |                             |
| Do you possess a valid driver's license?  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Driver's license ID #                          |                              |                             |

## EDUCATION

|                          |  |         |  |                   |                                 |                                |        |
|--------------------------|--|---------|--|-------------------|---------------------------------|--------------------------------|--------|
| High School              |  | Address |  |                   |                                 |                                |        |
| From                     |  | To      |  | Did you graduate? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Degree |
| College                  |  | Address |  |                   |                                 |                                |        |
| From                     |  | To      |  | Did you graduate? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Degree |
| Business or Trade School |  | Address |  |                   |                                 |                                |        |
| From                     |  | To      |  | Did you graduate? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Degree |

Do you plan to continue your education?    YES     NO     If Yes, when? \_\_\_\_\_

In what field? \_\_\_\_\_

## ASE CERTIFICATIONS

|  | EXPIRATION DATE |   | EXPIRATION DATE |
|--|-----------------|---|-----------------|
| <i>ENGINE REPAIR</i>                         |                 | <i>HEATING / AIR CONDITIONING</i>         |                 |
| <i>AUTOMATIC TRANSMISSION/<br/>TRANSAXLE</i> |                 | <i>ENGINE PERFORMANCE</i>                 |                 |
| <i>MANUAL DRIVE TRAIN / AXLES</i>            |                 | <i>LI ADVANCED ENGINE<br/>PERFORMANCE</i> |                 |
| <i>SUSPENSION &amp; STEERING</i>             |                 | <i>OTHER ASE CERTS:</i>                   |                 |
| <i>BRAKES</i>                                |                 | •   |                 |
| <i>ELECTRICAL / ELECTRONICS</i>              |                 | •   |                 |

**ADDITIONAL INFORMATION**

1) List any other skills, qualifications or experience that may help in this position:

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2) Please estimate the dollar value of your own tools: \$ \_\_\_\_\_

**REFERENCES**

*Please list three professional references.*

|           |  |              |  |
|-----------|--|--------------|--|
| Full Name |  | Relationship |  |
| Company   |  | Phone        |  |
| Full Name |  | Relationship |  |
| Company   |  | Phone        |  |
| Full Name |  | Relationship |  |
| Company   |  | Phone        |  |

**PREVIOUS EMPLOYMENT**

|  |  |            |  |                              |                             |  |  |               |    |
|--|--|------------|--|------------------------------|-----------------------------|--|--|---------------|----|
| Company  |  |            |  |                              | Phone                       |  |  |               |    |
| Address  |  |            |  |                              | Supervisor                  |  |  |               |    |
| Job Title  |  |            |  | Starting Salary              | \$                          |  |  | Ending Salary | \$ |
| Responsibilities   |  |            |  |                              |                             |  |  |               |    |
| From (YY/MM)   |  | To (YY/MM) |  | Reason for Leaving           |                             |  |  |               |    |
| May we contact your previous supervisor for a reference? |  |            |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |  |               |    |
| Company  |  |            |  |                              | Phone                       |  |  |               |    |
| Address  |  |            |  |                              | Supervisor                  |  |  |               |    |
| Job Title  |  |            |  | Starting Salary              | \$                          |  |  | Ending Salary | \$ |
| Responsibilities   |  |            |  |                              |                             |  |  |               |    |
| From (YY/MM)   |  | To (YY/MM) |  | Reason for Leaving           |                             |  |  |               |    |
| May we contact your previous supervisor for a reference? |  |            |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |  |               |    |
| Company  |  |            |  |                              | Phone                       |  |  |               |    |
| Address  |  |            |  |                              | Supervisor                  |  |  |               |    |
| Job Title  |  |            |  | Starting Salary              | \$                          |  |  | Ending Salary | \$ |
| Responsibilities   |  |            |  |                              |                             |  |  |               |    |
| From (YY/MM)   |  | To (YY/MM) |  | Reason for Leaving           |                             |  |  |               |    |
| May we contact your previous supervisor for a reference? |  |            |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |  |               |    |

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I authorize the verification of any or all information listed above.

|           |  |  |  |  |      |  |  |
|-----------|--|--|--|--|------|--|--|
| Signature |  |  |  |  | Date |  |  |
|-----------|--|--|--|--|------|--|--|

# TECHNICIAN EMPLOYMENT QUESTIONNAIRE

1) Below, rank the make of cars you feel you have the most experience in.

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_

2) Below, rank the make of cars you feel you have the least or no experience in.

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_

3) What make of Scanners are you familiar and comfortable with? \_\_\_\_\_

4) Do you have any physical problems that will restrict your abilities to service and repair cars, such as lifting heavy object like wheels, cylinder heads, etc. or bending over for long periods of time while working under the hoods of cars?

YES  NO  If yes, please explain. \_\_\_\_\_

5) Below, please rate your experience on the following systems:

|                                  | Master<br>Tech           | Journey<br>Level         | Apprentice<br>Level      | Little or<br>None        |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Engine Performance/ Tune         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electrical & Computer Diagnosis  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emission Testing and Diagnosis   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heating and Air Conditioning     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Engine Repair                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Brakes, Suspension, and Steering | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Automatic Transmissions          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manual Transmissions             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Routine Maintenance & Servicing  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6) In one word, how would you describe yourself?

7) What are your short and long term goals?

8) On a scale of 1 to 10, how comfortable are you using a PC/Tablet and typing in general? \_\_\_\_\_