

WELCHES ALL VEHICLE REPAIR

403 N JEFFERSON ST. OSSIAN, IN 46777 (260) 622-6122

127 S MAIN ST. BLUFFTON, IN 46714 (260) 824-3811

WELCHESALLVEHICLEREPAIR@FRONTIER.COM

Employment Application- Technician



APPLICANT INFORMATION

Last Name				First				M.I.	Date		
Street Address							Apartment/Unit #				
City				State				ZIP			
Phone				E-mail Address							
Date Available				Social Security No.				Desired Salary			
Position Applied for	Technician										
Are you a citizen of the United States?	YES	<input type="checkbox"/>	NO	<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	<input type="checkbox"/>	NO	<input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, explain						

EDUCATION

High School				Address							
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree		
College				Address							
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree		
Other				Address							
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree		

REFERENCES

Please list three professional references.

Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							

Address	
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PREVIOUS EMPLOYMENT

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

Indicate training and experience in the following:	Formal Training	Years of Experience	Indicate training and experience in the following:	Formal Training	Years of Experience
Drive Line Components			Wheel Alignment		
Diesel Engine Tune-Up & Rebuild			Brakes		
Gas Engine Tune-Up & Rebuild			Cooling System		
Tire Service			General Car Repair		
Air Conditioning			Electrical Diagnostic Equipment		
Inspections			Engine Rebuilding		
Electrical Repair			Electric Welder		
Wheel & Tire Balancing Machine			Oxyacetylene Welder		
Smoke Measuring Equipment			Time Servicing Equipment		

Job Related Training	
Certifications	
Technical School Courses	
Manufacturer's Seminars	
ASE Certifications	
Any Additional Job Related Training (please list training and year of completion):	

Accident Review- past 3 years (attach separate sheet if necessary)

Dates	Nature of Accident (Head-On, Rear-End, Overturn, etc.)	Fatalities	Injuries

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____
- B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

If you answered yes to any of the above attach a statement of explanation.

Traffic Convictions & Forfeitures- Past 3 years (other than parking violations)

Location	Date	Charge	Penalty

MILITARY SERVICE

Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

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.

Signature _____ Date _____