



Faithful Auto & Truck Repair, LLC
 5549 N Lapeer Rd
 North Branch MI 48461
 810 793-4500

Application for Employment
 Complete all applicable information

PERSONAL INFORMATION

DATE:

Name (Full-Last, First IM)			
Street Address:	City:	State:	Zip:
Phone Number		Social Security Number	
Are you legally authorized to work in the United States: (If no may be required to provide authorization to work: ____ Yes ____ No		When could you start employment?	
Are you over the age of 18 ____ Yes ____ No	Do you have a valid Drivers License? ____ Yes ____ No	Have you applied for this position before?	
Have you ever been convicted of a felony or a misdemeanor which resulted in imprisonment within the last seven years? ____ Yes ____ No If yes, please explain: (A conviction will not necessarily result in denial of employment.)			

EMPLOYMENT HISTORY (List below three employers, starting with the most recent)

Present or Last Position:	Name of Company:	From Mo/Yr	To Mo/Yr
Street Address:	City:	State:	Zip:
Duties:		Reason for Leaving:	
Starting Annual Salary:	Final Annual Salary:	Bonus	Commission
		May we contact your supervisor?	
Name of Supervisor	Title & Department of Supervisor	Phone Number of Supervisor	



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Next Previous Position:		Name of Company:		From Mo/Yr	To Mo/Yr
Street Address:			City:	State:	Zip:
Duties:				Reason for Leaving:	
Starting Annual Salary:	Final Annual Salary:	Bonus	Commission	May we contact your supervisor?	
Name of Supervisor		Title & Department of Supervisor		Phone Number of Supervisor	

Next Previous Position:		Name of Company:		From Mo/Yr	To Mo/Yr
Street Address:			City:	State:	Zip:
Duties:				Reason for Leaving:	
Starting Annual Salary:	Final Annual Salary:	Bonus	Commission	May we contact your supervisor?	
Name of Supervisor		Title & Department of Supervisor		Phone Number of Supervisor	

EDUCATION INFORMATION

High School or GED	Address	City	State	Degree	Subjects Studied	
College	Address	City	State	Degree	Major	GPA
Business/Trade School	Address	City	State	Program	GPA	



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ASE & STATE CERTIFICATIONS (Please include expiration date)

REFERENCES (No Relatives)

Name	City	State	Phone #	Years Known
Name	City	State	Phone #	Years Known
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I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with disability, any and other characteristic protected by Federal, State or Local Law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

The employee/applicant may be required to submit to drug/alcohol testing during the scope of their employment. The employee/applicant agrees to non-binding arbitration of any employment disputes.

If hired I agree to abide by all the company rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, and the option of the company or me, I further understand that no representation, whether oral or written by a representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by the law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment.

Signature of Applicant: _____ Date: _____