SMITH auto, inc.

Application for Employment

Position Applying For: _____

Name: _____
Last First Middle

Current Address: _____
Street City State Zip

Home Phone: (_____)_____ Cell Phone: (_____)_____

Social Security No. _____ - ____ - _____

Other names under which you have attended school or been employed: _____

Employment Desired: ☐ Full-Time ☐ Part-Time ☐ Seasonal _____

What date are you available to start working? _____

Are you eligible to work in the United States? ☐ Yes ☐ No
Are you 16 years of age or older? ☐ Yes ☐ No If no, what is your current age? _____
Are you currently employed? ☐ Yes ☐ No If yes, where are you currently employed? _____
Do you have a valid driver's license? ☐ Yes ☐ No Driver's License Number: _____
Have you had any accidents during the past three years? If so, describe the nature of the accidents. _____
_____

Have you ever been convicted of a crime? ☐ Yes ☐ No
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation: _____
_____
_____

Education:
High School: _____ City/State: _____
Did you graduate? ☐ Yes ☐ No
College: _____ City/State: _____
Did you graduate? ☐ Yes ☐ No Major: _____ Degree: _____
College: _____ City/State: _____
Did you graduate? ☐ Yes ☐ No Major: _____ Degree: _____

Other credentials/licenses/professional affiliations, etc., which are relevant to the job(s) for which you are applying: _____
_____
_____

Skills:
Please list technical skills, clerical skills, trade skills, etc., relevant to this position. _____
_____
_____
_____

Work Experience:
Please list your work experience for the past five years, beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer: _____ Employment Dates: _____ - _____
Address _____ Name of Supervisor: _____
Phone Number: (_____)_____ Your job title: _____
Reason for leaving: _____
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:
_____
_____

Name of employer: _____ Employment Dates: _____ - _____
Address _____ Name of Supervisor: _____
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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:
_____
_____

Please list two references:

Name: _____
Position: _____
Company: _____

Address: _____
_____
Telephone: (_____)_____

Name: _____
Position: _____
Company: _____

Address: _____
_____
Telephone: (_____)_____

May we contact your present employer? ☐ Yes ☐ No
Did you complete this application yourself? ☐ Yes ☐ No If not, who did? _____

Please return with your resume.

_____ _____
Signature Date

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment with this company terminated.