

Rick's Automotive Cleburne LLC.

1110 N Main St.
Cleburne, TX 76033

Application for Employment (Technicians) 817-558-2523

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date _____ Are you currently employed? Yes No

Last name _____ First name _____ Middle Initial _____

Street Address _____

City _____ State _____ ZIP _____

Cell Phone _____ Home Phone _____

Social Security # _____ DOB _____

Drivers License # _____ Expiration _____ License Plate # _____

DL# State _____

Position applied for _____

How did you hear of this opening? _____

When can you start? _____ Desired Wage \$ _____ Weekly/ Hourly (circle)

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Do you have your own tools? Yes No

Are you ASE Certified? Yes No

If so, please list names and/or numbers _____

Do you have alignment experience? Yes No

Do you have computer diagnostic experience? Yes No

Are you a certified Commercial DOT Inspector? Yes No Expiration _____

Are you a certified State DOT Inspector? Yes No Expiration _____

Are you willing to submit to a drug screen? Yes No

Do you smoke? Yes No

Do you have a clean driving record? Yes No

Do you have your own cell phone? Yes No

Do you have basic computer skills? Yes No

Do you speak any other languages? Yes No *If so, please list below:*

Have you worked on company owned only vehicles Yes No

Have you worked on customer only vehicles Yes No

Have you ever been convicted of a felony? (This will not necessarily affect your application.) Yes No

If yes, please describe conditions. _____

Are you currently awaiting trial and/or under any type of investigation? Yes No

If yes, please describe conditions. _____

Education

School Name and Location	Year	Major	Degree
High School _____	_____	_____	_____
College _____	_____	_____	_____
College _____	_____	_____	_____
Other Training _____	_____	_____	_____

Are there other skills, certifications or experience that we should consider? Note: We will need you to provide a copy of any certifications.

Employment History (Start with most recent employer)

Company Name _____

Address _____ Telephone _____

Were you paid hourly or salary? _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Were you paid hourly or salary? _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Were you paid hourly or salary? _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Personal References

Name _____ Telephone _____

How you know them and how long _____

Name _____ Telephone _____

How you know them and how long _____

Name _____ Telephone _____

How you know them and how long _____

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature _____ Date _____

NOTE: Please answer the attached multiple choice questions so we can get a basic idea of your skills

Internal Use Only

