Lighthouse Automotive

Employment Application

			Applicant	Informat	ion					
Full Name:	Last First					M./	D	ate:		
Address:						M.I.				
	Street Address				Apartment/Unit #					
Phone: (City		F-m	nail Addres	ss:	State	•	ZIP Co	ode	
Phone: () Date Available: Social Security No:						Desired	Salary:	\$		
Date Available: Social Security No.: Desired Salary:\$										
Are you a citizen of the United States?							YES	NO		
Have you ever worked for this company? YES NO If so, when?										
Have you e	ever been convicted	of a felony?		Drivers lic	cense N	No:				
If yes, explain:										
			Edu	cation						
High School	ol:		_ Address:							
From:		Did you g		YES	NO	Degree:				
College:			_ Address:							
From:	To:	Did you g	graduate?	YES	NO	Degree:				
Other:			_ Address:							
From:	To:	Did you g	graduate?	YES	NO	Degree:				
				rences						
		Technicians you ha								
Full Name:				Job Tit	le: _					
Company:						Phone:	_()		
Address: _										
Full Name:				Job Tit	le: _					
Company:						Phone:)		
Address: _										
Full Name:				Job Tit	le: _					
Company:						Phone:)		
Address:										

TECHNICAL QUALIFICATIONS

If so, mark below the areas of certification.
Engine PerformanceElectrical systemsEngine RepairBrakesAuto TransmissionsManual transmissions and AxlesSuspension & SteeringHeating & Air ConditioningExhaust SystemsAdvanced Engine Performance
Do you have a current license to perform State Inspections in this area? YES / NO
Below rate your experience on the following systems.
Master Journey Apprentice Little Tech Level Level or none
Engine Performance Electrical & Computer Diag. Emissions Testing & Diag. Heating & Air Conditioning Engine Repair Brakes/Suspension & Steering Automatic Transmissions Manual Transmissions Routine Maintenance & Servicing If you were to specialize in any systems, which systems would you choose?
Below rate the make of cars you feel you have the most experience in. 1 3 4 5 5
Below rate the makes of cars you feel you have the least or no experience in. 1.
What makes of Diagnostic Scopes are you familiar and comfortable with?
What makes of scanners are you familiar with and comfortable with?
As a condition of employment you will be required to take a drug and alcohol test, are you willing to do so? <u>YES / NO</u>
Do you have any physical problems that will restrict your abilities to service and repair cars, such as lifting heavy objects like wheels, cylinder heads, etc. and bending over for long periods of time while working under the hoods of cars? YES / NO If yes, please explain

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?	NO						
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 NO □ □							
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?	NO						
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:						