

Employment History

Beginning With Your Present Employer

from _____ / _____ / _____ to _____ / _____ / _____
date month year date month year

company address

the position you held

company name

\$ _____ / _____
average weekly take-home pay? salary? hourly? flat rate?

the reason you are looking to leave the company?

from _____ / _____ / _____ to _____ / _____ / _____
date month year date month year

company address

the position you held

company name

\$ _____ / _____
average weekly take-home pay? salary? hourly? flat rate?

the reason you are looking to leave the company?

from _____ / _____ / _____ to _____ / _____ / _____
date month year date month year

company address

the position you held

company name

\$ _____ / _____
average weekly take-home pay? salary? hourly? flat rate?

the reason you are looking to leave the company?

are you currently working? _____ if "no", why not and for how long have you been unemployed? _____

how soon would you be able to start with A+ AUTOCARE? _____

can we contact all of your past employers? _____ and your present employer? _____

References

Only List People You Have Known For More Than 1 Year

_____ name of a non-family member	_____ length of time known	_____ relationship (friend, etc)	_____ phone number
_____ name of a non-family member	_____ length of time known	_____ relationship (friend, etc)	_____ phone number
_____ name of a non-family member	_____ length of time known	_____ relationship (friend, etc)	_____ phone number
_____ name of a non-family member	_____ length of time known	_____ relationship (friend, etc)	_____ phone number

Acknowledgement And Authorization

This application is not an employment contract, nor an agreement to interview, and I understand that any employment can be terminated at any time, for any cause, without notice. I further understand that no person other than the business owner has the authority to enter into an employment agreement with me, or make any guarantee as to the length, terms or conditions of any such employment.

I certify that to the best of my knowledge all of the information contained in this application is correct. I also authorize the investigation of all the statements contained in this application and I understand that any misrepresentation, falsification, or omission of facts from this application, will be cause for immediate dismissal.

signature

date of application

social security number