

APPLICANT NAME:

DATE:



2847 Awaawaloa St. Unit C • Honolulu, HI 96819 • 808.744.1666  
www.neueauto.co

## APPLICATION FOR EMPLOYMENT AUTOMOTIVE TECHNICIAN

*We are an equal opportunity employer and do not discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services and program is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.*

### APPLICATION INSTRUCTIONS

1. This applications must be completed in your own handwriting
2. Print legibly and complete all sections on both sides of the application
3. Sign and date the application once it is completed

## PERSONAL DATA

Last Name	First Name	Middle Name
Address		
City	State	Zip Code
Home Phone	Cell Phone	
Email Address	Social Security Number	
Type of Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time	Salary/Wage Expectations:	



What is on your "Wish List" over the next few years?

## WORK EXPERIENCE

List your last 4 employers, include any military experience.

If presently employed may we contact your present employer? Yes  No

<b>Current Position</b>		Name and Address		City, State Zip	
Telephone	Name of Supervisor	Position Held		Date Started	
Main Duties:					
Reason for Wanting to Leave:				Current Rate of Pay	
If you could have changed anything at this job, what would you have changed?					

<b>2<sup>nd</sup> Last Position</b>		Name and Address		City, State Zip	
Telephone	Name of Supervisor	Position Held		From(YY/MM)	To (YY/MM)

Main Duties:	
Reason for Leaving:	Final Rate of Pay
If you could have changed anything at this job, what would you have changed?	

<b>3<sup>rd</sup> Last Position</b>		Name and Address	City, State Zip	
Telephone	Name of Supervisor	Position Held	From(YY/MM)	To (YY/MM)
Main Duties:				
Reason for Leaving:			Final Rate of Pay	
If you could have changed anything at this job, what would you have changed?				

<b>4<sup>th</sup> Last Position</b>		Name and Address	City, State Zip	
Telephone	Name of Supervisor	Position Held	From(YY/MM)	To (YY/MM)
Main Duties:				
Reason for Leaving:			Final Rate of Pay	
If you could have changed anything at this job, what would you have changed?				

Please explain any gaps in your employment history:

What do you believe these employers would say if I called them?

Which of your jobs did you like best? And why?

## REFERENCES

*Only list people you have known for more than a year*

Name of a Service Advisor/Employer	Length of Time Known	Phone	Email Address
Name of a Technician	Length of Time Known	Phone	Email Address
Name of a Technician	Length of Time Known	Phone	Email Address
Name of a Technician	Length of Time Known	Phone	Email Address
Name of a Friend	Length of Time Known	Phone	Email Address
Name of a Friend	Length of Time Known	Phone	Email Address
Name of a Friend	Length of Time Known	Phone	Email Address

## EDUCATION

Name of School		Location of School	Graduated?		Completed Years / Mo.		Degree Received	Major Subject
High School			Yes	No				
Business or Trade School			Yes	No				
College or University			Yes	No				

Do you plan to continue your education? Yes  No  If Yes, When? \_\_\_\_\_

## ASE CERTIFICATIONS

*Please select all that apply and include expiration dates*

	Expires
<input type="checkbox"/> Engine Repair	<input type="checkbox"/> Heating / Air Conditioning
<input type="checkbox"/> Automatic Transmission/Transaxle	<input type="checkbox"/> Engine Performance
<input type="checkbox"/> Manual Drive Train/Axles	<input type="checkbox"/> L1 Advanced Engine Performance
<input type="checkbox"/> Suspension & Steering	List any other ASE Certificates here:
<input type="checkbox"/> Brakes	
<input type="checkbox"/> Electrical / Electronics	

## SKILL AND EXPERIENCE ASSESSMENT

What is the approximate value of your tools and equipment?



Do you have any physical problems that will restrict your abilities to service and repairs cars, such as lifting heavy objects like wheel's, cylinder heads, etc. or bending over long periods of time while working under the hoods of cars, color blindness, eye issues, hearing issues? Yes  No  If Yes, please explain:

If you were to create a maintenance schedule for an average 10 year old car, what mileage/month intervals would you recommend the services be for:

Oil Changes		Coolant	
ATF Service		"Lifetime" Coolant	
Shocks/Struts		Hoses	
Brake Fluid		Belts	

### RELEASE AND AUTHORIZATION STATEMENT

The information given is true and correct, and I understand that if I am employed, any misrepresentation, false statement, or omission of consequence herein, found by you at the time, will be sufficient cause to terminate my employment. I authorize the verification of any or all information as listed above. As a condition of employment, if employment is offered, I must be authorized to work in the U.S. and demonstrate that authorization as required by the Immigration Reform and Control Act of 1986.

I also understand that neither the application nor a commitment of employment by Neue Auto LLC. constitutes a contract of employment. If a contract is to exist, that document will be executed in writing by Neue Auto LLC and Their Human Resources Department via Email / Website. I understand that this application for employment is valid for no more than 60 days. After that, I must resubmit and application in order to be considered for positions with Neue Auto LLC.

Applicant Signature

Print Name

Date