

## **Auto Service Center** (660) 627-5201 115 N. Marion St.

Kirksville, MO 63501

## **Employment Application**

Please complete all sections in order to be considered for employment.

Applicant Information							
Full Legal Name:						Date:	
	Last	First			Middle		
Address:	Street Address					Apartment/Unit #	
	City				State	ZIP Code	
Phone:			Email				
Date Availab	ble:	Desired Shift:			Desir	red: \$	
Position App	olied for:		How die	d you h	ear about us:		
-	ng to take a drug screen as pa	YES NO	ocess?	YES	NO		
Are you autr	norized to work in the U.S.?	\( \begin{array}{cccccccccccccccccccccccccccccccccccc					
Have you ev	er worked for this company?	YES NO	If yes,	when?			
Have you ev	er been convicted of a felony?		A convi employn		ill not necessarily	y disqualify a candidate	from
If yes, expla	in:						
		Educ	-4:				
			ation				
High School	:	Address:					
From:	To: D	oid you graduate?	YES 🗆	NO	Diploma:		
College:		Address:					
From:	To: D	oid you graduate?	YES	NO	Degree:		
Other:		Address:					
From:	To: D	id you graduate?	YES	NO	Degree:		

Previous Employment						
Company:				Phone:		
Address:				Supervisor:		
Job Title:						
•	ities: kills & Certifications:					
From:	To:	Reason fo	or Leaving			
May we con	tact your previous supervisor for a reference?	YES	NO			
Company				Phono:		
Company: Address:				Phone:Supervisor:		
Job Title:						
•	ities: kills & Certifications:					
From:	To:	Reason fo	or Leaving			
May we con	tact your previous supervisor for a reference?	YES	NO			
Company:				Phone:		
Address:				Supervisor:		
Job Title:						
•	ities: kills & Certifications:					
From:	To:	Reason fo	or Leaving			
May we con	tact your previous supervisor for a reference?	YES	NO			

	Military Service
Branch:	From: To:
What type of education, training, skills, and o	certifications did you receive in the military?
	easonable Accommodation
	ctions of the job with or without a reasonable accommodation?
Yes No Additional comments:	
- Tuational commonts.	
	<del>-</del>
	References
Please list three professional references.	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Commany	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
	Safety
Have you ever been written up for violating	g any safety rule?
Have you had any previous safety training	J?
	Disclaimer and Signature
I certify that my answers are true and com	plete to the best of my knowledge.
If this application leads to employment, I u interview may result in my release.	understand that false or misleading information in my application or
Signature:	Date: