

HIGHLINE CAR CARE

Service Consultant
Employment Application



TODAY'S DATE: _____	HOW DID YOU FIND OUT ABOUT THIS POSITION? _____			
Type of employment:				
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Summer	<input type="checkbox"/> Relief (Casual)
Salary/Wage Expectations _____	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Yearly	
When would you be able to start? _____				
Why do you feel you are qualified for this position?				

APPLICANT INFORMATION

Last Name		First		M.I.	
Street Address				Apartment/ Unit #	
City		State		ZIP	
Phone		E-mail Address			
Social Security No.					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Do you possess a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Driver's license ID #		

EDUCATION

High School		Address					
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College		Address					
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Business or Trade School		Address					
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

Do you plan to continue your education? YES NO If Yes, when? _____

In what field? _____

DEALERSHIP /AUTO REPAIR SHOP EXPERIENCE

	TOTAL YEARS EXPERIENCE		TOTAL YEARS EXPERIENCE
<i>OFFICE MANAGER</i>		<i>PARTS MANAGER</i>	
<i>ACCOUNTS PAYABLE/ RECEIVABLE</i>		<i>PARTS COUNTER</i>	
<i>CASHIER</i>		<i>GENERAL SERVICE / BODY HELPER</i>	
<i>RECEPTIONIST</i>		<i>OTHER:</i>	
<i>SERVICE MANAGER</i>		•	
<i>SERVICE ADVISOR/ CONSULTANT</i>		•	

ADDITIONAL INFORMATION

1) List any other skills, qualifications or experience that may help in this position:

2) Please estimate the dollar value of your own tools: \$ N/A

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Full Name		Relationship	
Company		Phone	
Full Name		Relationship	
Company		Phone	

PREVIOUS EMPLOYMENT

Company					Phone				
Address					Supervisor				
Job Title				Starting Salary	\$			Ending Salary	\$
Responsibilities									
From (YY/MM)		To (YY/MM)		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company					Phone				
Address					Supervisor				
Job Title				Starting Salary	\$			Ending Salary	\$
Responsibilities									
From (YY/MM)		To (YY/MM)		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company					Phone				
Address					Supervisor				
Job Title				Starting Salary	\$			Ending Salary	\$
Responsibilities									
From (YY/MM)		To (YY/MM)		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				

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. I authorize the verification of any or all information listed above.

Signature				Date	
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SERVICE CONSULTANT EMPLOYMENT QUESTIONNAIRE

1) Below, rank the make of cars you feel you have the most experience in.

1) _____ 2) _____ 3) _____ 4) _____ 5) _____

2) Below, rank the make of cars you feel you have the least or no experience in.

1) _____ 2) _____ 3) _____ 4) _____ 5) _____

3) What make of Scanners are you familiar and comfortable with? _____

4) Do you have any physical problems that will restrict your abilities to service and repair cars, such as lifting heavy object like wheels, cylinder heads, etc. or bending over for long periods of time while working under the hoods of cars?

YES NO If yes, please explain. _____

5) Below, please rate your experience on the following systems:

	Master Tech	Journey Level	Apprentice Level	Little or None
Engine Performance/ Tune	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical & Computer Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emission Testing and Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating and Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engine Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brakes, Suspension, and Steering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Transmissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Transmissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine Maintenance & Servicing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6) In one word, how would you describe yourself?

7) What are your short and long term goals?

8) On a scale of 1 to 10, how comfortable are you using a PC/Tablet and typing in general? _____