## **Employment Application for Service Advisors**

## **Instructions**

- #1. This application 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 on the reverse side once you have completed it

Name			
Last	First		Middle initial
Current address	C:L.	Ctata	7in anda
Street	City	State	Zip code
How long have you resided at the above	address?		
Cell phone	E-mail address		· · · · · · · · · · · · · · · · · · ·
Day time phone number	Evening ph	none number	
If you were referred to our company, by v	vho?		
	Qualifications		
If you are certified by any trade association	ons or agencies, please list all your	r certifications with exp	oiration dates:
~ ~ ~			
What business management systems are	you familiar with?		
Please rate your Sales skills on a level of #	1 – #10 #		
At your current place of employment, or			
Average number of repair orders w	ritten by you per day Num	nber of technicians yo	u wrote service for
Average weekly sales \$			
High school graduate Attended Trac	le school Graduated Trade sc	chool	
Attended College Graduated College			
Are you able to provide a resume that ref	•		
Please list all sales & management course	s you have taken within the past t	b years:	
Activities & interests (hobbies, etc)			
Are you willing to authorize a criminal bac	ckground investigation and partici	ipate in our drug-free	workplace program?
Do you have a valid drivers license?	_ Are you willing to supply us with c	a state issued report of	your driving record?
If hired when would you be able to start?			



## Employment History Begin with your present employer

From/_ to/				
Date month year Date month year		Company name		
Company address	\$ Weekly gross pay	Weekly gross pay: hourly? salary? commission? salary plus??		
City and state	Why did you leav	Why did you leave, or why are you looking to leave the company?		
From// to// Date month year Date month year	Company name			
	\$			
Company address	Weekly gross pay	Weekly gross pay: hourly? salary? commission? salary plus?		
City and state	Why did you leave the company?			
From/ to/				
Date month year Date month year	¢	Company name		
Company address	Weekly gross pay	Weekly gross pay: hourly? salary? commission? salary plus?		
City and state	Why did you leave the company?			
Can we contact all your past employers?	and your present employer?			
Name of a service advisor	Length of time known	Area code and phone number		
Name of a technician	Length of time known	Area code and phone number		
Name of a technician	Length of time known	Area code and phone number		
Name of a technician	Length of time known	Area code and phone number		
Name of a friend	Length of time known	Area code and phone number		
Name of a friend	Length of time known	Area code and phone number		
Name of a friend	Length of time known	Area code and phone number		
Acknow	ledgement and Au	ıthorization		
for any cause, without notice. I further understand that n	o person other than the busines gth, terms or conditions of any s I also authorize the investigation	such employment. I certify that to the best of my knowledge on of all statements contained in this application and I		
		#		
Signature	Date	# Social security number		

