

Agile Automotive Performance Job Application – Technician Position

Date: _____

Personal Information:

Name (first and last): _____

Address: _____

Phone: _____

E-Mail: _____

Employment Desired:

Desired Position: _____

Date You Can Start: _____

Desired Pay: _____

Are You Employed? _____ yes _____ no

If so, may we inquire of your present employer? _____ yes _____ no

Education:

High School: _____

Years Attended: _____

Did you graduate? _____ yes _____ no

Area of Study: _____

Trade School: _____

Years Attended: _____

Did you graduate? _____ yes _____ no

Area of Study: _____

College: _____

Years Attended: _____

Did you graduate? _____ yes _____ no

Major: _____

Former Employment:

Employer: _____

Worked from (month/year) _____ to (month/year) _____

Wage/Salary: _____

Position: _____

Duties: _____

Reason For Leaving: _____

Employer: _____

Worked from (month/year) _____ to (month/year) _____

Wage/Salary: _____

Position: _____

Duties: _____

Reason For Leaving: _____

Legal Status:

Are you a citizen of the United States? _____ yes _____ no

Have you been arrested? _____ yes _____ no

Have you been charged of a criminal offense? _____ yes _____ no

Have you been convicted of anything greater than a misdemeanor? _____ yes _____ no

Do you have any points on your driving record? _____ yes _____ no

If so, how many? _____

Has your drivers' license ever been suspended? _____ yes _____ no

Have you been in any accidents where you were driving the vehicle? _____ yes _____ no

If so, were you found at fault? _____ yes _____ no

What do you think is your strongest area or skill in working on cars?

What is your biggest weakness in automotive knowledge or practice?

What automotive project have you done that you were the most proud of?

What makes/models of cars do you have the most experience with and the most knowledge of?

What make/model of car is your favorite to work on and why?

Automotive Skill Rating:

Be honest. A high rating is not always the best. We'd rather know the truth now than find out you exaggerated later.

Please rate your experience/ability with and knowledge of the following:

	Strong/ Very Knowledgeable				Weak/ No Experience
Overall Mechanical ability	5	4	3	2	1
Brakes	5	4	3	2	1
Turbo/supercharger system	5	4	3	2	1
Suspension installs	5	4	3	2	1
Suspension tuning	5	4	3	2	1
Engine internals	5	4	3	2	1
Cooling	5	4	3	2	1
Factory Service	5	4	3	2	1
Clutches	5	4	3	2	1
Transmission internals	5	4	3	2	1
Exhaust	5	4	3	2	1
Fuel system	5	4	3	2	1
Troubleshooting	5	4	3	2	1
Overall Electrical ability	5	4	3	2	1
Gauges	5	4	3	2	1
ECUs	5	4	3	2	1
Boost Controllers	5	4	3	2	1
Turbo timers	5	4	3	2	1
Meth injection	5	4	3	2	1
Troubleshooting	5	4	3	2	1
Overall EFI tuning ability	5	4	3	2	1
AEM EMS	5	4	3	2	1
AFC	5	4	3	2	1
Apexi PowerFC	5	4	3	2	1
Autronic	5	4	3	2	1
Cobb AP	5	4	3	2	1
Haltech	5	4	3	2	1
Honda/KPro	5	4	3	2	1
Hydra	5	4	3	2	1
Utec	5	4	3	2	1
Overall Fabrication ability	5	4	3	2	1
TIG Welding	5	4	3	2	1
MIG Welding	5	4	3	2	1
Piping Fabrication	5	4	3	2	1
Sheet Metal Fabrication	5	4	3	2	1
Overall Work ethic	5	4	3	2	1
Works well alone	5	4	3	2	1
Works well in a team	5	4	3	2	1
Customer relations	5	4	3	2	1
Phone etiquette	5	4	3	2	1
Paperwork completion	5	4	3	2	1
Attention to detail	5	4	3	2	1
Completes work quickly	5	4	3	2	1
Completes work thoroughly	5	4	3	2	1
Takes pride in work	5	4	3	2	1
Timeliness	5	4	3	2	1

References:

Please give us the names of two people, not related to you, whom you have known at least one year through school, work, or in a professional setting:

Name: _____
How do you know them? _____
Years Known: _____
Phone/Email/Contact Info: _____

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“I certify that the facts contained in this application are true and complete to the best of my knowledge and understate that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Signature: _____

Date: _____