

COMMUNITY AUTOMOTIVE INC

846 E. FULTON GRAND RAPIDS MICHIGAN, 49503

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www.communityautomotive.com

TECHNICIAN EMPLOYMENT APPLICATION

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND WILL NOT DISCRIMINATE AGAINST ANY APPLICANT ON THE BASIS OF ANY CHARACTERISTIC THAT IS PROTECTED BY STATE AND FEDERAL LAW. MICHIGAN LAW REQUIRES THAT A PERSON WITH A DISABILITY OR HANDICAP REQUIRING ACCOMMODATION TO PERFORM THE ESSENTIAL DUTIES OF THE JOB MUST NOTIFY THE EMPLOYER IN WRITING WITHIN 182 DAYS OF THE DATE THAT THE NEED IS KNOWN OR SHOULD HAVE BEEN KNOWN.

Read All Instructions Carefully

1. Please print legibly and complete ALL sections on both sides of the application.
2. This application may be downloaded from your computer.
3. Applications must be completed in your own handwriting and turned in by applicant..
4. Provide your signature and date when completed on the last page (page 9).
5. Please write the day of the week along with the date on the last page.

TECHNICIAN APPLICANT INFORMATION

LAST NAME				FIRST		M.I.		DATE	
STREET ADDRESS						APARTMENT / UNIT#			
CITY				STATE		ZIP			
PHONE # WHERE YOU CAN BE REACHED				BEST TIME TO CALL					
DO YOU HAVE RELIABLE TRANSPORTATION?				EMAIL ADDRESS					
POSITION APPLIED FOR :						DESIRED HOURLY RATE :			
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 APPLIED BEFORE TO THIS COMPANY?		YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, WHEN?					
HAVE YOU EVER BEEN CONVICTED OF A FELONY?		YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, PLEASE EXPLAIN:					
MILITARY SERVICE									
BRANCH:						FROM		TO	
RANK AT DISCHARGE:						TYPE OF DISCHARGE:			
IF OTHER THAN HONORABLE, PLEASE EXPLAIN :									

EDUCATION

HIGH SCHOOL/ GED CERTIFICATION			CITY/STATE	
FROM	TO	DID YOU GRADUATE?	COURSE OF STUDY	
COLLEGE			CITY/STATE	
FROM	TO	DID YOU GRADUATE?	DEGREE	
OTHER			CITY/STATE	
FROM	TO	DID YOU GRADUATE?	DEGREE	

GENERAL INFORMATION

WE ARE A **DRUG FREE WORKPLACE**. ARE YOU WILLING TO PARTICIPATE IN **DRUG RELATED TESTING**?

YES NO

DO YOU HAVE A **VALID DRIVER'S LICENSE**? YES NO

HAVE YOU BEEN IN AN AUTO ACCIDENT **WHERE YOU WERE AT FAULT** IN THE PAST **THREE YEARS**?

YES NO

IF **YES**, PLEASE **BRIEFLY DESCRIBE** _____

ARE YOU WILLING TO SUPPLY US WITH A **STATE ISSUED** REPORT OF YOUR DRIVING RECORD?

YES NO

PLEASE RATE YOUR **COMPUTER SKILLS** IN GENERAL ON A LEVEL OF #1 - # 10. (**#1 IS NOT EXPERIENCED AND #10 IS HIGHLY PROFICIENT.**) # _____

WHY DID YOU CHOOSE THAT NUMBER?

ARE YOU FLUENT IN **ANY OTHER LANGUAGES**? _____ IF YES, WHICH ONE(S)? _____

QUALIFICATIONS

Do you own your own **Tools and Equipment**? YES NO

If yes, what is the **Estimated Value** of your tools and equipment? \$ _____

Do you own a **Laptop Computer**? YES NO

If yes, which **Operating System** are you currently using? _____

List any **Tools/Equipment** that you are lacking:

List any **Tools/Equipment** that you need to upgrade:

What **Diagnostic Equipment** are you experienced in using?

Which **Repair or Estimating** Programs are you proficient with?

Please rate yourself in the following skill sets, using a scale of #1 - #10
(#1 is not experienced and #10 is highly proficient)

Please rate your **Diagnostic Skills** on a scale of #1 – #10 # _____

Why did you choose that number?

Please rate your **Repair Skills** on a scale of #1 – #10 # _____

Why did you choose that number?

Please rate your **Verbal Communication** skills on a scale of #1 - #10 # _____

Why did you choose that number?

Please rate your **Written Communication** skills on a scale of #1 - #10 # _____

Why did you choose that number?

Since becoming a technician, list any **Technical Courses** you have taken and when (approximately). _____

EXPERIENCE

Are you certified by any **Trade Associations** or **Agencies**? _____ If "yes" please list all of your certifications with expiration dates:

PLEASE CHECK ALL THAT APPLY

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Service Manager | <input type="checkbox"/> Shop Foreman | <input type="checkbox"/> Mechanic |
| <input type="checkbox"/> Service Advisor | <input type="checkbox"/> Body Man | <input type="checkbox"/> Trainee _____
<small>Expiration date</small> |
| <input type="checkbox"/> Parts Manager | <input type="checkbox"/> Painter | <input type="checkbox"/> Lubrication |

CHECK ALL AREAS IN WHICH YOU ARE CERTIFIED BY THE MICHIGAN DEPARTMENT OF STATE

- | | | |
|--|---|---|
| <input type="checkbox"/> Engine Tune Up | <input type="checkbox"/> Front End & Steering | <input type="checkbox"/> Manual Transmission/Axles |
| <input type="checkbox"/> Engine Repair | <input type="checkbox"/> Automatic Transmission | <input type="checkbox"/> Heating & Air Conditioning |
| <input type="checkbox"/> Brakes/Braking System | <input type="checkbox"/> Electrical Systems | <input type="checkbox"/> Michigan Master Certified |

Are you **MVAC Certified** through the EPA ? YES NO

Are you **ASE Certified?** (C-1 certification)* YES NO

*(If yes, please circle the categories above that you are **ASE Certified** in)

Michigan Mechanic's Certification # _____ **Expiration Date** ____/____/____
month day year

Do you have any **Certifications** currently **Pending**? Please list them below:

**RATE YOUR ABILITIES IN THE FOLLOWING CAR CATEGORIES ON A SCALE OF #1 - #10
 (#1 is not experienced - #10 is highly proficient)**

- European _____
- Asian _____
- Domestic _____
- Performance _____

EXPERIENCE (Continued...)

Do you have experience **Welding**? YES NO

If yes, what **Types of Welding** can you perform? Please list types below:

When answering the following questions, please **Review** the two options and select the **one** that you feel is **Most** Important to you in terms of being fulfilled in your job.

Team Work vs. Individual Achievement _____

Why did you choose that option?

Customer Satisfaction vs. Employer Satisfaction _____

Why did you choose that option?

High Pay Bracket vs. High Praise and Appreciation _____

Why did you choose that option?

Asking for Help, if Needed vs. Independent Problem Solving _____

Why did you choose that option?

GETTING TO KNOW YOU

When answering the following questions, please **Review** the two options and select the **one** you prefer. Fill in your preference (either A or B) in the blank space provided.

DO YOU PREFER...?

(A) Sharing knowledge with co-workers **OR** (B) Obtaining and Retaining knowledge on your own ?

(A) Having *many* smaller, similar, simpler jobs **OR** (B) Having *fewer*, larger, more challenging jobs?

(A) Working on familiar problems **OR** (B) Exploring new challenges?

(A) Managing others **OR** (B) Being managed?

(A) Diagnosing vehicles **OR** (B) Repairing what others have diagnosed?

(A) Working on *only* newer vehicles **OR** (B) Working on all vehicles, including vintage vehicles?

ESSAY QUESTIONS

In an Auto Repair Facility, aside from the business owner, **Who** has the most important position, and **Why**? _____

Why is accurate, detailed **paperwork** *important* in an Auto Repair Facility?

EMPLOYMENT HISTORY*
(Beginning with your current or most recent employer)

From / / to / / _____
month year month year Company name Supervisor's name phone #

_____ Company address _____
 _____ City and state _____

How are/were you paid? Hourly \$ _____
 Salary \$ _____
 per week
 Commission \$ _____
 Flat Rate \$ _____

If known, Average Efficiency _____ Average Hours Worked _____
 If known, Average Productivity _____ Average Hours Billed _____

_____ Reason(s) for leaving the company? _____

From / / to / / _____
month year month year Company name Supervisor's name phone #

_____ Company address _____
 _____ City and state _____

How were you paid? Hourly \$ _____
 Salary \$ _____
 per week
 Commission \$ _____
 Flat Rate \$ _____

If known, Average Efficiency _____ Average Hours Worked _____
 If known, Average Productivity _____ Average Hours Billed _____

_____ Reason(s) for leaving the company? _____

From / / to / / _____
month year month year Company name Supervisor's name phone #

_____ Company address _____
 _____ City and state _____

How were you paid? Hourly \$ _____
 Salary \$ _____
 per week
 Commission \$ _____
 Flat Rate \$ _____

If known, Average Efficiency _____ Average Hours Worked _____
 If known, Average Productivity _____ Average Hours Billed _____

_____ Reason(s) for leaving the company? _____

May we contact **All** of your **Past** employers? _____ Your **Present** employer? _____
 If **No**, list which one(s) specifically _____

* If additional space is required, please use the back of the last page or attach additional sheets.

REFERENCES

(Please only list the people you have known more than one (1) year!)

Must include 1 Service Advisor, 1 Technician and up to 3 friends

Name of a non-family member Length of time known **Relationship** Area code + Phone number

Name of a non-family member Length of time known **Relationship** Area code + Phone number

Name of a non-family member Length of time known **Relationship** Area code + Phone number

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Name of a non-family member Length of time known **Relationship** Area code + Phone number

EXTRAS...

Our current hours of operation are **Monday - Friday** from **8am** until **6pm**. When necessary would you be able/willing to work later ? YES NO

If no, please explain: _____

In rare occurrences, would you be willing/able to work on a **Saturday**? YES NO

If no, please explain: _____

Are you willing/able to work **6am - 4pm** or **7am-5pm** during periods of extreme temperatures in the summer? YES NO

If no, please explain: _____

Are there any times and/or days during the week that you are **unable to work**? Please list below:

How did you hear about our company?

DATE AVAILABLE* _____

*** IT IS THE RESPONSIBILITY OF THE APPLICANT TO INFORM SEA IF YOU INTEND TO REQUEST TIME OFF DURING YOUR FIRST YEAR OF EMPLOYMENT. THIS SHOULD BE DONE AT THE TIME THAT YOU ARE INVITED TO INTERVIEW**

APPLICANT'S CERTIFICATION, AUTHORIZATION, WAIVER, AND ACKNOWLEDGEMENT

I understand that, prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that affects my ability to take the test, I will inform Community Automotive, Inc. (C.A.R.) prior to the administration of the test so that reasonable accommodations can be made. C.A.R. reserves the right to require medical documentation regarding the need for accommodation. If employed, I understand that if I need an accommodation for a handicap under Michigan Handicappers Civil Rights Act (ACT). I must notify C.A.R. in writing of my need for an accommodation within 182 days after I know or should have known that I need that accommodation, and my failure to provide that notice will prevent me from claiming that my employer failed to accommodate my handicap under the ACT. This requirement does not waive an individual's rights under the Americans With Disabilities Act.

I understand that you may require a motor vehicle record report and authorize you to obtain said report. I understand that you reserve the right to require drug screening tests at any time during employment. I further understand that the use of this form does not indicate that there are any positions open and does not in any way obligate this company to provide employment.

I understand, and agree, that if I am hired by C.A.R., unless specifically set forth in writing to the contrary and signed by the company and myself, my employment will be for no definite period, and may regardless of the date of payment of my wages or salary, be terminated at any time for any reason or no reason at the will of C.A.R. without any previous notice. In consideration of C.A.R.'s review of my application, I agree that any claim or lawsuit arising out of my employment with the company or my application for employment with the company, must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims arising out of an employment action may be longer than six (6) months, I agree to be bound by the six (6) month period of limitations set forth herein, and **I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY**, unless state, federal or local law prohibits a waiver of said statute of limitations.

This application is not an employment contract, nor an agreement to interview, and I understand that any employment can be terminated at any time, for any cause, without notice. I further understand that no person other than the president of C.A.R. has the authority to enter into an employment agreement with me, or make any guarantee as to the length, terms or conditions of any such employment. I certify that to the best of my knowledge all of the information contained in this application is correct. I also authorize the investigation of all statements contained in this application, and I understand that any misrepresentation, falsification, or omission of facts from this application will be cause for immediate dismissal.

I authorize investigation of all statements contained in this application for any employment related purpose. I realize the listed references and all previous employers may provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.

Signature

Date of Application

Printed Name