

INTIME AUTOMOTIVE STAFFING APPLICATION

PERSONAL INFORMATION

FULL NAME:

First

Middle

Last

ADDRESS:

Street Address

Apt/Suite

City

State

Zip Code

E-MAIL: _____ PHONE: _____

SOCIAL SECURITY NUMBER: _____ DRIVER'S LICENSE
NUMBER _____

DATE AVAILABLE: _____ INTERESTED IN SHIFT 1st 2nd 3rd

EMPLOYMENT ELIGIBILITY

ARE YOU A UNITED STATES CITIZEN? YES NO*

IF NO, ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? YES NO*

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

*IF YES, PLEASE EXPLAIN:

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____ GRADUATE? YES NO

DIPLOMA: _____

COLLEGE / TRADE: _____ CITY / STATE: _____

FROM: _____ TO: _____ GRADUATE? YES NO

DIPLOMA: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1:

Company / Individual

ADDRESS:

— Street Address Apt/Suite

— City State Zip Code

RESPONSIBILITIES:

REASON FOR LEAVING:

EMPLOYER 2:

Company / Individual

ADDRESS:

— Street Address Apt/Suite

— City State Zip Code

RESPONSIBILITIES:

REASON FOR LEAVING:

REFERENCES

FULL NAME: _____ **RELATIONSHIP:**

_____ First Last

COMPANY: _____ **TITLE:**

E-MAIL: _____ **PHONE:**

FULL NAME: _____ **RELATIONSHIP:**

_____ First Last

COMPANY: _____ **TITLE:**

E-MAIL: _____ PHONE:

EMERGENCY CONTACT

NAME: _____
RELATIONSHIP: _____

E-MAIL: _____ PHONE:

Applicants will be required to undergo a background check, drug test and E-Verify for employment.

ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK, DRUG TEST AND E-VERIFY?
YES NO

DISCLAIMER

Applicants understand that we are an Equal Opportunity Employer, and we are committed to excellence through diversity. To ensure this application is acceptable, please print or type your answers with the application being fully completed for it to be considered. I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application, or interview, may result in my employment being terminated.

SIGNATURE _____ **DATE**

PRINT NAME
