

## ***APPLICANTS PLEASE NOTE:***

Smith's High Tech requires all applicants to submit to drug screens as well as driving record and background checks.

If you cannot comply with these requirements, please do not submit an application.

**Thank you for understanding!**

Smith's High Tech Automotive Services, Inc.

Employment Application

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT  
 APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE \_\_\_\_\_

Name \_\_\_\_\_  

Last
First
Middle
Maiden

Present address \_\_\_\_\_  

Number
Street
City
State
Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_ Days/hours available to work  
 and salary desired (2) \_\_\_\_\_  
 (Be specific)

No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tues \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours a week can you work? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired  FULL TIME  PART TIME  FULL OR PART TIME

When available for work? \_\_\_\_\_

| TYPE OF SCHOOL       | NAME OF SCHOOL | LOCATION<br>(Complete Mailing Address) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|----------------------|----------------|--|---------------------------|----------------|
| High School          |                |  |                           |                |
| College              |                |  |                           |                |
| Bus. Or Trade School |                |  |                           |                |
| Professional School  |                |  |                           |                |

HAVE YOU EVER BEEN CONVICTED OF A CRIME  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

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DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_

Expiration date \_\_\_\_\_  Operator  Commercial (CDL)  Chauffeur

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How many? \_\_\_\_\_

OFFICE ONLY

Typing  Yes  WPM 10-key  Yes  Word  Yes  WPM  
 No  No  Processing  No

Personal  Yes PC \_\_\_\_\_ Other \_\_\_\_\_  
Computer  No Mac \_\_\_\_\_ Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

|                     |                     |
|---------------------|---------------------|
| Name _____          | Name _____          |
| Position _____      | Position _____      |
| Company _____       | Company _____       |
| Address _____       | Address _____       |
| Telephone ( ) _____ | Telephone ( ) _____ |

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

[Large empty rectangular box for additional information]

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APPLICATION FOR EMPLOYMENT

HAVE YOU EVER BEEN IN THE ARMED FORCES  Yes  No  
 ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

Work Experience Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

|  |                 |                |            |
|--|-----------------|----------------|------------|
| Name of employer<br>Address<br>City, State, Zip Code<br>Phone number | Last Supervisor | Employed dates | Pay/Salary |
|  |                 |                |            |
| Last job title   |                 |                |            |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned , advancements or promotions while you worked at this company.

|  |                 |                |            |
|--|-----------------|----------------|------------|
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|  |                 |                |            |
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|  |                         |                  |                |
|--|-------------------------|------------------|----------------|
| Name of employer<br>Address<br>City, State, Zip Code<br>Phone number | Name of last supervisor | Employment dates | Pay or salary  |
|  |                         | From<br>To       | Start<br>Final |
|  | Your last job title     |                  |                |

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|  | Your last job title     |                  |                |

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May we contact your present employer?     Yes     No

Did you complete this application yourself     Yes     No

If not, who did? \_\_\_\_\_

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Smith's High Tech Automotive Service, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for any other position, and regardless of the contents of employee handbooks, personal manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Smith's High Tech Automotive Service, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and Smith's High Tech Automotive Service, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction of benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to the contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that the continued employment may be based on the successful passing of job related physical examinations.

I further understand that my employment with the Company shall be probationary for a period of thirty (30) days, and further that any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

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Smith's High Tech Automotive Service, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application from and for your interest in our business!