



MASTER MUFFLER SHOPS

APPLICATION FOR EMPLOYMENT

PROSPECTIVE EMPLOYEES WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION BECAUSE OF RACE, CREED, COLOR, SEX, AGE, NATIONAL ORIGIN, HANDICAP OR VETERAN STATUS.

P E R S O N A L	Last Name: _____ First: _____ Middle: _____			Date: _____
	Street Address: _____			Telephone: _____ ()
	City, State, Zip: _____			Business Telephone: _____ ()
	Have you ever been employed with MASTER MUFFLER before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," Month & Year: _____ Location: _____			Social Security # _____
	Position Desired: _____ <input type="checkbox"/> Full-Time Hours Available: _____ <input type="checkbox"/> Part-Time			Pay Expected: _____
	Apart from absence for religious observance, are you available for Full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" Describe this condition and how you can perform the job in spite of it.			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have any physical condition which might limit your ability to perform the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe this condition and how you can perform the job in spite of it.			When will you be available to begin work? _____
	Other special training or skills (Languages, machine operation, etc.) _____ _____			

E D U C A T I O N	School	Name and Location of School	Course of Study	# of Years Completed	Did You Graduate?	Degree or Diploma
	Graduate:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/ Trade Technical:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School:				<input type="checkbox"/> Yes <input type="checkbox"/> No	

PROFESSIONAL CERTIFICATIONS - Check All That Apply	
ASE Certifications	Other Certifications
<input type="checkbox"/> Engine Repair <input type="checkbox"/> Automatic Transmission/Transaxle <input type="checkbox"/> Manual Drive Train & Axles <input type="checkbox"/> Steering & Suspension <input type="checkbox"/> Brakes <input type="checkbox"/> Electrical Systems <input type="checkbox"/> Heating & Air Conditioning <input type="checkbox"/> Engine Performance	<input type="checkbox"/> State Safety Inspection <input type="checkbox"/> County IM: Which County: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

MASTER MUFFLER SHOPS - EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name:	Telephone: ()
	Address:	Employed - (State month and year): From To
	Name of Supervisor:	Weekly Pay: Start Last
	State Job Title and Describe Your Work:	Reason for Leaving:

2	Company Name:	Telephone: ()
	Address:	Employed - (State month and year): From To
	Name of Supervisor:	Weekly Pay: Start Last
	State Job Title and Describe Your Work:	Reason for Leaving:

3	Company Name:	Telephone: ()
	Address:	Employed - (State month and year): From To
	Name of Supervisor:	Weekly Pay: Start Last
	State Job Title and Describe Your Work:	Reason for Leaving:

DO NOT CONTACT

We may contact the employers listed above unless you indicate those you do not want us to contact

Employer Number(s) _____ Reason _____

MILITARY

Did you serve in the U.S. Armed Forces? Yes No

If "Yes," in what Branch?

Describe any training received relevant to the position for which you are applying.

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The information provided in this Application for Employment is true, correct, and complete. If employed, misstatements or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in this report.

Date: _____ **Signature:** _____