



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: _____

