



Maximilian Motorsports
AUTOMOTIVE PASSION

1983 Bishop Road Chehalis, WA 98532
360-748-8578

APPLICATION FOR EMPLOYMENT - AUTOMOTIVE TECHNICIAN

This application is intended for your convenience. Please fill out the application completely and neatly. We cannot guarantee your application will be considered if it is incomplete or illegible. Your application, along with your Resume, can be brought in or sent by mail. Our mailing address is 1983 Bishop Road Chehalis, WA 98532. Please give us a call if you have questions. (360) 748-8578. Thank you.

Contact Information

Full Name: _____ Date: ____/____/____

Previous Names: _____

Home phone: _____

Cell phone: _____

Email address: _____

Website: _____

Home address: _____

City: _____

State: _____ Zip: _____

If at present address <3 years:

Previous address: _____

City: _____

State: _____ Zip: _____

Please include up to 3 Professional and 3 Personal References

Reference 1:

Full Name: _____ Phone: _____

Email address: _____ Years Known: _____

Reference 2:

Full Name: _____ Phone: _____

Email address: _____ Years Known: _____

Reference 3:

Full Name _____ Phone: _____

Email address: _____ Years Known: _____

General Information

Is not using tobacco products on this job a problem? **YES** or **NO**

Washington driver license no: _____

Do you have any moving violations in the last 5 years? **YES** or **NO** Number of Accidents: _____

Has your license ever been suspended? YES or NO

If so, please explain:

Education completed: High school ____ Trade school ____ College ____ Other: _____

Would you be willing to take a drug screen at our expense? YES or NO

How did you learn about our company and why would you wish to work for this company?

Please list the equipment you have experience operating and the job skills you now possess:

Desired Wage: \$ _____

When would you be able to start? ____/____/____

Previous Employment Data

List all of your previous jobs that will fit on the page. Please be specific with the information you provide. If you have other job experience you would like to list, or are including your Resume, please attach an additional sheet(s) and write "See attached". Do not put "open" or leave blank when requested to give specific amounts and dates.

Employer: _____

Employer Address: (City & State) _____

Phone: _____

Email address: _____

Dates Employed: From: ____/____/____ Until: ____/____/____

Ending wage/salary: _____

Reason for leaving:

Employer: _____

Employer Address: (City & State) _____

Phone: _____

Email address: _____

Dates Employed: From: ____/____/____ Until: ____/____/____

Ending wage/salary: _____

Reason for leaving:

Employer: _____

Employer Address: (City & State) _____

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Ending wage/salary: _____

Reason for leaving:

Employer: _____

Employer Address: (City & State) _____

Phone: _____

Email address: _____

Dates Employed: From: ____/____/____ Until: ____/____/____

Ending wage/salary: _____

Reason for leaving:

May we contact your previous employer? YES or NO

Are you A.S.E. certified? YES or NO

In which categories?

Have you had other special training? YES or NO

Describe:

Is there anything you would like us to consider that has not been covered in this application?

Name (Printed)

Signature

Date Submitted: ____/____/____

We sincerely appreciate your interest in becoming employed with Maximilian Motorsports. Please allow 1-2 weeks for our Management team to review your information and contact your provided references before calling to check the status of your application.