

## All Tech Automotive 6109 N Street, Omaha, Nebraska 68117 402-738-8280

All Tech Automotive is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact the Owner(s).

Please fill out all of the sections below:			
Applicant Information			
Applicant Name			
Address			
City, State and Zip			
Telephone Number			
Email Address			
Employment Position			
Position(s) applying for:			
How did you hear about this position?			
What days are you available for work?			
If needed, are you available to work overtime?			
On what date can you start working if you are hired?			
Salary/hourly wage desired?			
Personal Information			
Have you applied to All Tech Automotive before?		Yes	No
If yes, when?			
Are you a U.S. citizen or approved to work in the United State	Yes	No	
What document can you provide as proof of citizenship or leg	al status?		
Have you ever been convinced of a criminal offense (felony o	r misdemeanor)	Yes	No
If yes, please write the nature of the crime(s), when and where	e convicted and di	sposition	of the
case:			

Job Skills/Qualificatio Please list below the sk applying:	_	qualifications you	ı possess for the	e positio	n for which you are	
(Note: All Tech Automotive that may be necessary for a hire may be tested on sk	eligible a					
Education and Trainin High School	g					
Name			Year Graduate	ed	Degree Earned	
College/University						
Name	Location (City,State)		Year Graduated		Degree Earned	
Vocational School/Spo	ecialized	l Training				
Name	Location (City,State)		Year Graduated		Degree Earned	
Additional training ap	plicable	to position				
Name of course		Year		Certifi	cate Obtained	
Previous Employment Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Cod Employer Telephone: Dates Employed: Reason for leaving:						

Employer Name:  Job Title:  Supervisor Name:  Employer Address:  City, State and Zip Code:  Employer Telephone:  Dates Employed:  Reason for leaving:	
Employer Name:  Job Title:  Supervisor Name:  Employer Address:  City, State and Zip Code:  Employer Telephone:  Dates Employed:  Reason for leaving:	
Please provide 2 professional references belo	w;
References	Contact information
This means that your employment can be tern cause, with or without notice, by you or All Ted Automotive has authority to enter into any agri will" relationship. You understand that your em	eement contrary to the forgoing "employment at nployment is "at will" and that you acknowledge ations regarding your employment can alter your