



Technician Employment Application--Page 1 of 3 pages

You may complete the application online, print it and mail it to us or print it first, then fill it out and mail it to us. If you fill it out by hand, please write clearly and legibly.

Name _____
last first middle initial

Current address _____
street city state zip code

Daytime phone number _____ Evening phone number _____

Cell phone number _____ Email address _____

How long have you resided at the above address? _____

Did someone refer you to our company? _____ if yes, who? _____

Qualifications

Are you certified by any trade associations or agencies? _____ if "yes," please list all your certifications with expiration dates:

What is the approximate value of your tools and equipment? \$ _____

What diagnostic equipment are you experienced in using?

Which repair or estimating programs are you proficient with?

Please rate your diagnostic skills on a level of 1-10: _____

Please rate your repair skills on a level of 1-10: _____

Please list 5 separate words that best describe you:



References

Please only list people you have known more than one year
Please include 3 friends, 1 service advisor, and 1 technician

Name of a non-family member	Length of time known	Relationship	Phone number
Name of a non-family member	Length of time known	Relationship	Phone number
Name of a non-family member	Length of time known	Relationship	Phone number
Name of a non-family member	Length of time known	Relationship	Phone number
Name of a non-family member	Length of time known	Relationship	Phone number

Acknowledgement and Authorization

IMPORTANT INFORMATION!

This application is not an employment contract, nor an agreement to interview, and I understand that any employment can be terminated at any time, for any cause, without notice. I further understand that no person other than the business owner has the authority to enter into an Employment agreement with me, or make any guarantee as to the length, terms or conditions of any such employment. I certify that to the best of my knowledge all of the information contained in this application is correct. I also authorize the investigation of all statements contained in this application and I understand that any misrepresentation, falsification, or omission of facts from this application, will be cause for immediate dismissal.

_____	_____	_____
signature	date of application	social security number

Important Instructions: After completing the application, please print it. You will not be able to save a copy of this document unless you are using the full Adobe Acrobat program, not Adobe Acrobat Reader. For that reason, you may want to print two copies and retain one for your own records.

Please send a copy of the signed and completed application to:

AutoXtend Human Resources
1309 E. Beaver Creek Dr.
Knoxville, TN 37918
Or Fax to 865-688-4550