

10190 E Michigan Ave, Galesburg, MI 49053 269.665.4600

APPLICATION FOR EMPLOYMENT

Please complete all requested information.

This application is good for 90 days only. Consideration for employment after 90 days requires a new application.

Position(s) Applied For Date PERSONAL INFORMATION Name_____Phone_____ Address ______ City _____ State/Zip _____ Email GENERAL INFORMATION Type of employment desired:
Full-Time
Part-Time
Temporary Days & Hrs. able to work (if NOT Mon. through Fri., 8am to 6pm): What date are you available to start work? _____ Are you over 18 years of age?
Yes No If **no**, please list your age. Are you legally eligible for employment in the United States? \Box Yes \Box No Are you willing to undergo Pre-Employment Drug Testing?
Yes No Do you have a valid driver's license with a clean driving record? \Box Yes \Box No If no, please explain: During the last 10 yrs., have you ever been convicted of a crime? \Box Yes \Box No (a "yes" answer will **not** automatically disqualify you from employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered)

If yes, please explain:

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	CIRCLE LAST GRADE/YEAR COMPLETED	MAJOR & DEGREE
HIGH SCHOOL			10 11 12	
COLLEGE			1 2 3 4	
COLLEGE			1 2 3 4	
TRADE SCHOOL			1234	
TRADE SCHOOL			1234	

ADDITIONAL INFORMATION

Skills and Qualifications. Summarize any training, skills, areas of specialization or major interest that may qualify you as being able to perform job-related functions in the position for which you are applying.

United States Military Training. Summarize any job-related training you received.

Professional Licenses and/or Certifications.

If licensed, registered or certified, list:

Туре:	State Issued	Date Issued

Type: ______ State Issued _____ Date Issued _____

EMPLOYMENT HISTORY

Please complete this section and do not write, "see resume". Begin with your most recent employment.

Company Name		Phone	
Job Description (duties, skills, tools used)			
Dates of employment: Start/ H	End/	_/ Starting Pay	Ending Pay
Reason for Leaving			
Person of Contact		Phone	
Company Name		Phone	
Job Description (duties, skills, tools used)			
Dates of employment: Start/ H	End/	_/ Starting Pay	Ending Pay
Reason for Leaving			
Person of Contact		Phone	
Company Name		Phone	
Job Description (duties, skills, tools used)			
Detec of employment Start / / /	Trad (Er din - D
Dates of employment: Start/ H			
Reason for Leaving			
Person of Contact		Phone	

If you do not want us to contact any of the above listed current or former employers, please list below and state the reason you do not want each contacted.

REFERENCES

Professional References: Please provide three, non-relative, references that can attest to your character, work ethic, and related work skills.

Name	Phone
Name	Phone
Name	Phone

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with Alien Car Care is true, complete and correct. If any information provided by me is found to be false, incomplete, or misrepresented in any respect, it will be sufficient cause to cancel further consideration of this application, or immediately discharge me from Alien Car Care service, whenever it is discovered.

I expressly authorize Alien Car Care and it's agents, without reservation, to contact and obtain information from all references, employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information regarding me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding Alien Car Care or its agents seeking, gathering, and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Alien Car Care does not unlawfully discriminate in employment, and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that completion of this Application For Employment does not guarantee that Alien Car Care has employed me.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Date:	_/	/	Signature

Alien Car Care is an Equal Opportunity Employer

TEMPERAMENT ASSESSMENT

This assessment allows management to determine if your temperament is a good fit for our work culture, for the job/role you are applying for, and gives insight to your communication style. There are no right or wrong answers to the questions listed below. Your answers do not immediately disqualify you for any chance of employment.

Please select the answer that best describes you.

I prefer my work environment to be:

□ Busy/Formal	□ Stimulating/Personal/Friendly	□ Personal/Relaxed/Friendly	□ Structured/Organized/Formal
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I prefer my work pace to be:

□ Slower Paced □ Faster Paced
I gain security by:
□ Being in Control □ Flexibility & Variety □ Close Relationships □ Being Prepared
I am motivated by:
\Box Achievement \Box Social Recognition \Box Acceptance & Stability \Box Correctness
I measure my progress by:
□ Results □ Applause & Praise □ Appreciation □ Getting it Right
My greatest fear in the workplace is:
\Box Loss of Control & Being taken Advantage of \Box Rejection \Box Sudden Change \Box Criticism
I am most irritated by:
□ Inefficiency/Indecision/Slowness □ Routine/Formality □ Insensitivity/Impatience □ Surprises/Unpredictability
When I make decisions they are:
□ Ouick □ Spontaneous □ Considerate □ Deliberate