

Phone: 815-923-4182 Fax: 815-923-2207 jobs@remkesgarage.com

Employment Application

Applicant Information										
Full Name:	Last	First			M.I.	Date:				
Address:	Lasi	1 1131			IVI.I.					
Address.	Street Address					Apartment/Unit #				
	City				State	ZIP Code				
Phone:				Email						
Date Availa	ble:			Desired Pay:						
Position Applied for:				Referred By:						
Desired Amount of Hours				Type of Emplo	yment (circle one):	Full Time / Part Time				
Are you cur	rently Employed?	YES	NO							
Have you e	ver applied for this company?	YES	NO	If yes, when?_						
Have you e	ver been convicted of a felony?	YES	NO	Please Explair	1:					
Education										
High Schoo	l:	A								
From:	To: Dic	d you gra	aduate	YES NO	Diploma:					
College:		A	ddres	s:						
From:	To: Dic	d you gra	aduate	YES NO	Degree:					
College:		Δ	ddres	e·						

From:	To: Did you graduate?] 0	Degree:	
Subject of Sp	ecial Study or Special Skills (if applicable)				
	Refer	ences			
Please list th	ree professional references.				
Full Name:				_ Relationship:_	
· ·				_ Phone:_	
Address:					
Full Name:				Relationship:_	
0				Phone:_	
Address:					
Full Name:				_ Relationship:_	
Company:				_ Phone:_	
Address:					
_					
_	Previous E				
Company:		mployme	ent	Phone:_	
_	Previous E	mployme	ent		
Company:	Previous E	mployme	ent		
Company: _	Previous E	mployme	ent		
Company: Address: Job Title Responsibiliti	Previous E	mployme	ent	Supervisor:_	
Company: _ Address: _ Job Title _ Responsibiliti From: _	es:	mployme	ent	Supervisor:_	
Company: _ Address: _ Job Title _ Responsibiliti From: _	es: To:	Reason for	ent or Leav NO	Supervisor:_	
Company: Address: Job Title Responsibiliti From: May we conta	es: To:	Reason fo	or Leav	Supervisor:_	
Company: Address: Job Title Responsibiliti From: May we conta	es: To:act your previous supervisor for a reference?	Reason fo	or Leav	Supervisor:ing:Phone:	
Company: _ Address: _ Job Title _ Responsibiliti From: _ May we conta	es: To:act your previous supervisor for a reference?	Reason fo	or Leav	Supervisor: ing: Phone: Supervisor:	
Company: Address: Job Title Responsibiliti From: May we conta Company: Address: Job Title	es: To:act your previous supervisor for a reference?	Reason fo	or Leav	Supervisor: ing: Phone: Supervisor:	

May we contact your previous supervisor for a reference?	YES	NO							
Company: Address: Job Title		Sup	ervisor:						
Responsibilities:									
From: To:	Reason fo	r Leaving:							
May we contact your previous supervisor for a reference?	YES	NO							
Military	Service								
Branch:		From:		To:					
Rank at Discharge:	Type of Discharge:								
If other than honorable, explain:									
In Case of an Emergency									
In Case of an emergency please notify:		Name							
Phone Number		Relation							
Disclaimer a	nd Signat	ure							
I certify that my answers are true and complete to the beau	st of my kno	owledge.							
If this application leads to employment, I understand that interview may result in my release.	false or mi	sleading informa	ation in my	application or					
Signature:			Date:						