



*We take Pride in maintaining your Domestic & Import Vehicles*

24125 W. 111<sup>th</sup> Street, Naperville, IL 60564

[www.SparksNaperville.com](http://www.SparksNaperville.com)

1-630-904-4115

## APPLICATION FOR EMPLOYMENT

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Please Type or Print using Black Pencil or Ink.

**PERSONAL DATA**

NAME LAST                      FIRST                      MIDDLE                      MAIDEN					SOCIAL SECURITY NO.	
ADDRESS NO.                      STREET                      CITY                      STATE                      ZIP CODE				AREA CODE - PHONE NO.		
PREVIOUS ADDRESS NO.                      STREET                      CITY                      STATE                      ZIP CODE				DATES AT THIS ADDRESS		
BIRTH DATE*	HEIGHT*	WEIGHT*	SEX* <input type="checkbox"/> Male <input type="checkbox"/> Female		U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHYSICAL LIMITATIONS IF ANY
MARITAL STATUS: * <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated						
IF MARRIED, DOES YOUR SPOUSE WORK?                      WHERE?                      POSITION?						
DEPENDENTS: * No. of Children                      Other			HOUSING <input type="checkbox"/> Buying <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Board <input type="checkbox"/> Other			
AUTOMOBILE: <input type="checkbox"/> Yes <input type="checkbox"/> No                      Year                      Make                      Model						
EXPLAIN ANY SIDELINE BUSINESS INTERESTS OR ANY OTHER INCOME _____						
POSITION FOR WHICH YOU ARE APPLYING				SALARY EXPECTED		
HAVE YOU EVER APPLIED TO OUR CO. BEFORE <input type="checkbox"/> Yes <input type="checkbox"/> No                      If Yes, Location                      Date						
PREVIOUSLY EMPLOYED BY MAACO		DATES				
<input type="checkbox"/> Yes <input type="checkbox"/> No		From	To			
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If Yes, Explain _____						
HAS BONDING EVER BEEN REFUSED? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If Yes, Explain _____						
HOW WERE YOU REFERRED TO SPARKS?				HOBBIES & INTERESTS:		
WILLING TO RELOCATE <input type="checkbox"/> Yes <input type="checkbox"/> No                      If Yes, list geographic preferences underneath.						
GEOGRAPHIC PREFERENCES:						
NAMES OF RELATIVES OR FRIENDS EMPLOYED BY THIS COMPANY						
Name _____	Relationship _____					
Name _____	Relationship _____					
Name _____	Relationship _____					

\* Federal law prohibits job discrimination due to Age, Sex, Marital Status, Number of Children. You are not required to complete this information.

**EMPLOYMENT HISTORY** (PLEASE COMPLETE THIS ENTIRE SECTION EVEN THOUGH YOU MAY HAVE A RESUME)

List Names and Addresses of Previous Employers. Start with Present or Latest Employer and account for all periods of time.

EMPLOYER'S NAME AND MAILING ADDRESS	EMPLOYMENT DATA	SALARY RECEIVED	REASON FOR TERMINATION	MONTH & YR. EMPLOYED	
				FROM	TO
	POSITION HELD	START			
	SUPERVISOR	END			
EXPLANATION OF DUTIES HELD					
	POSITION HELD	START			
	SUPERVISOR	END			
EXPLANATION OF DUTIES HELD					
	POSITION HELD	START			
	SUPERVISOR	END			
EXPLANATION OF DUTIES HELD					
	POSITION HELD	START			
	SUPERVISOR	END			
EXPLANATION OF DUTIES HELD					
	POSITION HELD	START			
	SUPERVISOR	END			
EXPLANATION OF DUTIES HELD					
	POSITION HELD	START			
	SUPERVISOR	END			
EXPLANATION OF DUTIES HELD					

# EDUCATION

(CIRCLE LAST YEAR COMPLETED)		GRAMMAR								HIGH				COLLEGE			
		1 2 3 4 5 6 7 8								9 10 11 12				1 2 3 4			
CLASSIFICATION	NAME AND LOCATION OF SCHOOL (CITY - STATE)	COURSE MAJOR	GRADUATED	DATES ATTENDED													
				FROM	TO												
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No														
Correspondence or Business School			<input type="checkbox"/> Yes <input type="checkbox"/> No														
College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No														
College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No														
Other Schooling or Training			<input type="checkbox"/> Yes <input type="checkbox"/> No														
LANGUAGES:		<input type="checkbox"/> Read		<input type="checkbox"/> Write		<input type="checkbox"/> Speak											
LANGUAGES:		<input type="checkbox"/> Read		<input type="checkbox"/> Write		<input type="checkbox"/> Speak											
LIST DEGREES HELD																	
CAN YOU TYPE?			CAN YOU WRITE SHORTHAND?														
Speed is:			Speed is:														
SPECIAL SKILLS:																	
OFFICE MACHINES THAT YOU CAN OPERATE																	

# UNITED STATES MILITARY SERVICE

RANK & BRANCH OF SERVICE	
DATES OF SERVICE	TYPE OF DISCHARGE
TYPE OF WORK DONE IN SERVICE	
PRESENT DRAFT OR RESERVE STATUS	
PENSION OR DISABILITY AMOUNT	
IF YOU HAVE OR HAD A MEDICAL DEFERMENT EXPLAIN THE REASON AND INDICATE THE CLASSIFICATION	

# MEDICAL HISTORY

You may be asked to have a physical examination, at the company's expense, prior to employment with Sparks Tune-Up.

DO YOU HAVE ANY "PHYSICAL DEFECTS": IF YES EXPLAIN:		
<input type="checkbox"/> No <input type="checkbox"/> Yes --		
HAVE YOU BEEN HOSPITALIZED IN THE PAST 3 YEARS? IF YES GIVE FULL EXPLANATION AS TO THE NATURE OF YOUR ILLNESS OR INJURY AND GIVE APPROXIMATE DATES OF CONFINEMENT:		
No <input type="checkbox"/> Yes <input type="checkbox"/> Explain: _____		
HAVE YOU LOST ANY TIME DURING THE PAST 2 YEARS DUE TO ILLNESS OR INJURY? IF YES EXPLAIN:		
<input type="checkbox"/> No <input type="checkbox"/> Yes --		
HAVE YOU RECEIVED ANY FORM OF MEDICAL TREATMENT WITHIN THE LAST 3 MONTHS? IF YES EXPLAIN:		
<input type="checkbox"/> No <input type="checkbox"/> Yes --		
ARE YOU PRESENTLY RECEIVING ANY FORM OF DISABILITY COMPENSATION? IF YES EXPLAIN:		
<input type="checkbox"/> No <input type="checkbox"/> Yes --		
ARE YOU PRESENTLY TAKING ANY FORM OF MEDICATION PRESCRIBED BY A PHYSICIAN? IF YES EXPLAIN:		
<input type="checkbox"/> No <input type="checkbox"/> Yes --		
GIVE YOUR FAMILY PHYSICIAN'S:		
	NAME	ADDRESS
CITY	STATE	PHONE NO.

In case of emergency, whom shall we notify: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

I CERTIFY THAT THIS INFORMATION IS ACCURATE AND COMPLETE. Giving incomplete or false information in an application for employment is a serious matter and is grounds for dismissal and forfeiture of related benefits. I hereby acknowledge notification, in compliance with the Fair Credit Reporting Act, that Sparks Tune-Up may request to procure information regarding my character, general reputation, personal characteristics or mode of living. Information on the nature and scope of such an inquiry, if one is made, will be made available upon request.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_