

APPLICANT NAME:

DATE:



E9688 County Road B • Sauk City, WI 53583 • 608-643-0200

www.fvpdiesel.com

## APPLICATION FOR EMPLOYMENT

*We are an equal opportunity employer and do not discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services and program is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.*

### APPLICATION INSTRUCTIONS

1. Print legibly and complete all sections on both sides of the application
2. Sign and date the application once it is completed
3. Scan & e-mail to dfrey@fvpdiesel.com or mail to FVP (above address)

## PERSONAL DATA

Last Name	First Name	Middle Name
Address		
City	State	Zip Code
Birth Date	Cell Phone	
Email Address	Social Security Number	
Employment Desired:  Position: _____	Salary/Wage Expectations:	

How did you find out about this position?	When would you be able to start?
Why do you feel you are qualified for this position?	
Are you currently employed? If so, where?	
How long have you been at your present address?	Do you have a valid Driver's License? If Yes, are you insurable?
Have you ever been convicted of any crime(s), either misdemeanor or felony (other than minor traffic infractions)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide thorough explanation:	
Activities and Interests (exclude any organization or society name of which indicates the race, religious creed, color, national origin or ancestry of its members).	
List any other skills, qualifications or experience that may help in this position:	
Please give me <b>5</b> words that describe you	
1.	2. 3. 4. 5.
What is on your "Goal List" over the next few years?	

## WORK EXPERIENCE

*List your last 4 employers, include any military experience.*

If presently employed may we contact your present employer?    Yes ☐                      No ☐

<b>Current Position</b>			Name and Address	
			City, State Zip	
Telephone	Name of Supervisor	Position Held		Date Started
Main Duties:				
Reason for Wanting to Leave:				Current Rate of Pay
If you could have changed anything at this job, what would you have changed?				
<b>2<sup>nd</sup> Last Position</b>			Name and Address	
			City, State Zip	
Telephone	Name of Supervisor	Position Held		From(YY/MM ) To (YY/MM)
Main Duties:				
Reason for Leaving:				Final Rate of Pay
If you could have changed anything at this job, what would you have changed?				

<b>3<sup>rd</sup> Last Position</b>		Name and Address		City, State Zip	
Telephone	Name of Supervisor	Position Held	From(YY/MM )	To (YY/MM)	
Main Duties:					
Reason for Leaving:				Final Rate of Pay	
If you could have changed anything at this job, what would you have changed?					
<b>4<sup>th</sup> Last Position</b>		Name and Address		City, State Zip	
Telephone	Name of Supervisor	Position Held	From(YY/MM )	To (YY/MM)	
Main Duties:					
Reason for Leaving:				Final Rate of Pay	
If you could have changed anything at this job, what would you have changed?					
Please explain any gaps in your employment history:					
What do you believe these employers would say if I called them?					
Which of your jobs did you like best? And why?					

## REFERENCES

*Only list people you have known for more than a year*

Name of a Service Advisor/Employer	Length of Time Known	Phone	Email Address
Name of a Co-Worker	Length of Time Known	Phone	Email Address
Name of a Friend	Length of Time Known	Phone	Email Address
Name of a Friend	Length of Time Known	Phone	Email Address

## EDUCATION

Name of School		Location of School	Graduated?		Completed Years / Mo.		Degree Received	Major Subject
High School			Yes	No				
Business or Trade School			Yes	No				
College or University			Yes	No				
Do you plan to continue your education? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, When? _____								

## RELEASE AND AUTHORIZATION STATEMENT

The information given is true and correct, and I understand that if I am employed, any misrepresentation, false statement, or omission of consequence herein, found by you at the time, will be sufficient cause to terminate my employment. I authorize the verification of any or all information as listed above. As a condition of employment, if employment is offered, I must be authorized to work in the U.S. and demonstrate that authorization as required by the Immigration Reform and Control Act of 1986.

I also understand that neither the application nor a commitment of employment by Osborn Automotive Inc. constitutes a contract of employment. If a contract is to exist, that document will be executed in writing by Osborn Automotive Inc. I understand that this application for employment is valid for no more than 60 days. After that, I must resubmit and application in order to be considered for positions with Osborn Automotive Inc.

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Applicant Signature

Print Name

Date