

# EMPLOYMENT APPLICATION

HAPPY WALLET™ Quality Auto Repair, LLC • 239-404-7589  
3661 Mercantile Ave., Ste A, Naples, FL 34104 • P.O. Box 9041, Naples, FL 34101

It is the policy of HAPPY WALLET™ Quality Auto Repair, LLC to provide equal employment opportunities to all applicants & employees without regard to legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

**EMAIL TO: info@happywalletautorepair.com or FAX TO: 239-919-8148**

**Applicant Name:** \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Evening phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Number of years at this address: \_\_\_\_\_ Email: \_\_\_\_\_  
Driver's License (No./State): \_\_\_\_\_ Social Security No: \_\_\_\_\_

**Emergency Contact:** -- Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Job Position Applied For: \_\_\_\_\_ Salary Desired: \$ \_\_\_\_\_ per month  
Who referred you to our company? \_\_\_\_\_

Have you applied to our company previously? Yes  No  If yes, when? \_\_\_\_\_  
Are you at least 18 years old? Yes  No   
How will you get to work? \_\_\_\_\_  
If you are offered employment, when would you be available to begin work? \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes  No   
Are you able to perform the essential functions of the job position with or without reasonable accommodation?  
Yes  No  If No, What reasonable accommodation, if any, would you require?  
\_\_\_\_\_

Have you ever been convicted of any crime, including traffic violations? Yes  No  If yes, please describe: \_\_\_\_\_  
The existence of a criminal record does not constitute an automatic bar to employment unless relevant to the type of employment.

**Skills:** -- List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill.  
(One (1) represents Poor Ability, while Five (5) represents Exceptional Ability.)

<u>Ability or Skill</u>	<u>Yrs of Experience</u>	<u>Rating</u>
Microsoft Office Suite (Word, Excel, etc.)	_____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Other Software: _____	_____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Equipment: _____	_____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Other: _____	_____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>

**Employment History:** (Please list your current or most recent employment first)

Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**Education and Training:**

College/University Name: \_\_\_\_\_  
Address/City/State/Zip: \_\_\_\_\_  
Did you receive a degree? Yes  No  If yes, degree received: \_\_\_\_\_

High School/GED Name: \_\_\_\_\_  
Did you receive a degree? Yes  No

Other Training (Graduate/Technical/Vocational): \_\_\_\_\_  
Awards, Honors, Special Achievements: \_\_\_\_\_

Military Service: Yes  No  Branch: \_\_\_\_\_  
Specialized Training: \_\_\_\_\_

**References:** -- List any two people who would be willing to provide a reference for you.

Contact Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Please provide any other information that you believe should be considered:

\_\_\_\_\_  
\_\_\_\_\_

## CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize HAPPY WALLET™ Quality Auto Repair, LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Manager, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of HAPPY WALLET™ Quality Auto Repair, LLC, except in a specific written contract of employment signed on behalf of the organization by its Manager, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE