



Employment Application

Jackson's Complete Auto Care, LLC.
660 W. 6th Avenue
Eugene, OR 97402

Jackson's Complete Auto Care, LLC. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____

Address: _____

City, State & Zip Code: _____ Telephone: _____

On what date can you start working if you are hired?: _____

Personal Information

Are you a U.S. citizen or approved to work in the United States? Yes No

Will you consent to a mandatory controlled substance test? Yes No

Do you have any condition which would require job accommodations? Yes No

Please describe accommodations required: _____

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are/were you a member of the Armed Services? _____

How many years did you serve in the military?: _____

Previous Employment

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Dates Employed: _____
Reason for leaving: _____

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References

Please provide 3 professional reference(s) below:

Reference	Contact Information

At Will Employment

The relationship between you and Jackson’s Complete Auto Care, LLC. is referred to as “employment at will”. This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Jackson’s Complete Auto Care, LLC. No representative of Jackson’s Complete Auto Care, LLC. has authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will,” and that you acknowledge that no oral or written statements or representations regarding your employment can alter you at-will employment status, except for a written statement signed by you and the owner.

Read Carefully:

I certify that the Information contained In this application Is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent Information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Applicant Signature: _____

Dated: _____