Date:			TENANCE
Dute.		On-Site Vehicle Servi	ces • Truck Specialists
Name:			•
Address:		,	Advanced Maintenance 2820 N. Kerr Ave
State/Province:			Wilmington, NO
Zip/Postal Code:		Dhono, 010, 25	2840
			1-0008 or 888-452-9200 Fax: 910-251-009
Home Phone:		www.auva	incedmaintenance.con
Cell Phone:			
Email:			
Positions Applied for:			
r ositions Applied for.			
Hours Available to Wo	ork:		
Tues			
Wed			
Thurs			
t			
Fri			
Sat			
Sun	Tout time Full or work time		
○ Full-Time ○	part-time Full or part-time		
When available to beg	gin work?		
Education			
Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School		10000000	
College Bus. or Trade School			
Professional School			
Other			
	L		
•	onvicted of a crime: Oyes Ono		
If yes, please explain			
Do you have a drivers	license? yes no		
State of issue:			
Have you had any acc	idents in the past 3 years? yes ono	How many?	
Do you had any movir	ng violations in the past 3 years? Oves Ono	How many?	

Previous Work Experience

1.	
Name of Employer:	
Name of last supervisor:	
Dates of employment: From:	To:
Salary:	
From:	То:
Complete Address:	
Phone #:	
Last job title:	
Reason for Leaving (be sp	pecific):
List the jobs you held, du	ties performed, skills used or learned, advancements, or promotions while you worked at this company:
May we contact your emp	ployer: yes no
2.	
Name of Employer:	
Name of last supervisor:	
Dates of employment:	
From:	To:
Salary:	
From:	To:
Complete Address:	
Phone #:	
Last job title:	
Reason for Leaving (be sp	pecific):
List the jobs you held, du	ities performed, skills used or learned, advancements, or promotions while you worked at this company:
May we contact your emp	oloyer: Oyes Ono

5.							
Name of Employer	:						
Name of last super	visor:						
Dates of employme	ent:						
From:		To:					
Salary:							
From:		То:					
Complete Address							
Phone #:							
Last job title:							
Reason for Leaving	(he specific):						
Reason for Leaving	g (be specific).						
List the jobs you he	eld. duties perf	ormed, skills	s used or learned, adv	ancements, o	r promotions w	hile vou worke	ed at this company:
				<u></u>	. p . c		
May we contact yo	ur employer:	yes () no				
Skills:							
Please list	2 referei	nces ot	her than rela	atives aı	nd previo	ous supe	rvisors
Name							
Position							
Company							
Telephone							
Use this space to a	dd any additio	nal informat	ion necessary to desc	ribe your full	qualifications f	or the position	which you are applying