

1337 W El Segundo Blvd Gardena, CA 90247 (310) 503-2670

EMPLOYMENT APPLICATION

Please complete the entire application.

It is the policy of Agaso Outdoor to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

1.	. Applicant Information				
	Applicant Full Name:				
	Home Address:				
	City/State/ZIP:				
	Number of years at this address:				
	Email:	Mobile phone:			
	Driver's License (State/Number):	Mobile phone:			
	is your drivers license current and valid?				
	(Agaso requires a current and valid lice	ense for all employees)			
2.					
	Contact Name:				
	Relationship to you:				
	Address:				
	City/State/ZIP:				
	Email:	Mobile phone:			
3.	B. Job Position Applying For:				
	☐ Shop Apprentice				
	Junior Assembly Technician				
	☐ Intermediate Assembly Technician				
	Advanced Assembly Technician				
	☐ Project Manager				
	☐ Wild Card				
	Full or Part Time?				
	Salary Desired: \$ per				
4.	I. Referrals / References				
	 a. Who referred you to our company? 				
	b. Do you have any friends or relatives when the best of the second seco	no work here? If yes, please list here:			
	c. List three contacts who would be willing Reference #1: Previous Employer	g to provide a reference for you.			
	Name: Telephone:				
	Relationship:				
	i icialionanip				

		Telephone: Relationship: Reference #3: Personal Name: Telephone:	-Worker	
5.	General In			
		Are you at least 18 years old	d? Yes No	
			shift, including nights and week nitations and reasonable accon	
	d.	without reasonable accomm	essential functions of the job podation?Yes	No
	e.		ole to work overtime? Ye	
	f.	If you are offered employme	nt, when would you be availab oox and basic tools? Yes	le to begin work'?
	g. h.		additional tools/equipment you	
	i.	employees.	mit proof that you are legally el	ded specialty tools available for shared use for a igible for employment in the
6.	Ente	the skills that you have. List on the number of years of expections skill and circle the number	any other skills that may be us erience, one to two sentences er which corresponds to your a experience, 5 = exceptional ab	bility for each particular skill.
	<u>Skill</u>		Years of Experience	<u>Rating</u>
	☐ Autom	otive Diagnostics Further detail:		0 1 2 3 4 5
	☐ Vintage	e Automotive Restoration Further detail:		0 1 2 3 4 5
	☐ Suspe	nsion/Steering Assembly Further detail:		0 1 2 3 4 5
	☐ Engine	/Driveline Assembly		0 1 2 3 4 5
	☐ Fabrica	ation/Welding Further detail:		0 1 2 3 4 5
	☐ Autom	otive Electrical Further detail:		0 1 2 3 4 5
	☐ Auto B	ody/Paint		0 1 2 3 4 5
	☐ Goal D	riven & Problem Solving		0 1 2 3 4 5
	☐ Self Mo	otivation		0 1 2 3 4 5
	Organi			0 1 2 3 4 5

		Further detail:
		Attention to Detail 0 1 2 3 4 5 Further detail:
		Teamwork & Communication 0 1 2 3 4 5 Further detail:
		Please list any additional skills below that do not fit into the above categories (if any):
	1.	Which skills do you feel like you excel at the most?
	2.	What are your career goals or aspirations? Where do you see yourself going in the automotive industry?
	3.	Please list any hobbies, skill sets or passions that may not be automotive related:
7.		ployment History your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held.
		Employer Name:
		Position:
		JOB Duties:
		Reason for Leaving:
		Supervisor name and contact information: Do you authorize us to contact this manager? We will not contact any supervisor unless you give us authority to do so.
		Employer Name:
		Position:
		JOD DUTIES:
		Reason for Leaving:
		Supervisor name and contact information:
		Do you authorize us to contact this manager? Yes No We will not contact any supervisor unless you give us authority to do so.
		Employer Name:
		Position: Job Duties:
		Reason for Leaving:
		Supervisor name and contact information:
		Do you authorize us to contact this manager? Yes No We will not contact any supervisor unless you give us authority to do so.
8.		ucation & Training College/University:
		Did you receive a degree? Yes No
	b.	If yes, degree(s) received:
	IJ.	High School/GED Name:Yes No
		If yes, degree(s) received:
	C.	Other Training (graduate, technical, vocational):

	Did you receive a degree? Yes No If yes, degree(s) received:					
d.	Please indicate any other professional licenses or certifications that you hold:					
e.	e. Special Achievements or Projects You Have Worked On:					
f.	Military Service: Yes No Branch: Specialized Training:					
9. Supplemental Information Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:						
	CERTIFICATION					
providing comments educated attendation signed words, terminating the full choice. Agaso	In that the information provided on this application is truthful and accurate. I understand that any false or misleading information will be the basis for rejection of my application, or if employment ences, immediate termination. I authorize Agaso Outdoor to contact former employers and ional organizations regarding my employment and education. I authorize my former employers and ional organizations to fully and freely communicate information regarding my previous employment, ance, and grades. I authorize those persons designated as references to fully and freely unicate information regarding my previous employment and education. If an employment aship is created, I understand that unless I am offered a specific written contract of employment on behalf of the organization by its Member, the employment relationship will be "at-will." In other the relationship will be entirely voluntary in nature, and either I or my employer will be able to ate the employment relationship at any time and without cause. With appropriate notice, I will have and complete discretion to end the employment relationship when I choose and for reasons of my Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Outdoor, except in a specific written contract of employment signed on behalf of the organization member, 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					