

PERSONAL INFORMATION

Full Name							
Date of Birth		Phone					
Email							
Address							
City		State Zip Code					
EDUCATION							
High School		Graduation Year					
Trade School		Graduation Year					
Degree Type							
College		Graduation Year					
Degree Type							
EMPLOYMENT HISTORY							
Employer		Position					
From/To		Phone #					
Employer		Position					
From/To		Phone #					
Employer		Position					
From/To		Phone #					



OTHER

What is your					
favorite OBD 2 Diagnostic Tool?					
Diagnostio Footi					
Shirt Size					
Are you legally able to work in the US?	Yes	No			
What type of position are you seeking?	Full Time	Part Time			
What date are you available to start?					
not comp		m not eligible for t		Mar 31 & Saturday Apr 1st. If I do accept a job before completing all	
You have in writing		contact employer	s/references listed in m	ny packet, unless otherwise stated to	o us
I certify t	hat the information	n in this applicatio	n is accurate and comp	olete.	
Application Signatur	е			Date	

Email this application along with all required documents to: careerfest@carfestsa.org

DUE on or before: Monday March 27th

Questions regarding application process and submission requirements? email: careerfest@carfestsa.org call or text: (726) 220-1431

THANK YOU FOR APPLYING