



APPLICATION FOR EMPLOYMENT

SMOG TEST ONLY CENTERS™
The Only Thing We'll Sell You Is The Test!™



Previous Employer			Title		
Employer's Address			Duties		
City/State					
From			To		
Month	Day	Year	Month	Day	Year
Hours Per Week:		SALARY: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		Reason For Leaving:	
		\$ _____			

EDUCATION: Are you a High School Graduate? Yes No

If "No", Number of years completed in High School: _____ GED Certificate? Yes No

If you have attended college, list courses you have completed that are directly related to the job for which you are applying:

Name and Location of Colleges or Schools Attended	Dates Attended	Major Subject or Course	Units Completed	Degrees or Certificates Received
	From: To:			
	From: To:			
	From: To:			

CERTIFICATION OF APPLICANT:

I certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false statement(s) or omission of material facts may subject me to disqualification or dismissal from employment at *Eagle Smog Check/Smog Test Only Centers*. I also understand that a test for the presence of illegal drugs may be conducted prior to my employment, and that no offer of employment will be made if illegal drugs are detected. I also understand that a background check may be required as a condition of employment.

Signature Date



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The following information will be separated from your employment application, and is entirely voluntary

The following VOLUNTARY information is requested by *Eagle Smog Check* to evaluate its hiring practices and to prepare reports required by law for the State and Federal Government. This section will be detached from the employment application. This information is confidential and will NOT be used in making a decision regarding your employment.

Please CIRCLE the group that best describes your race/ethnicity:			
1. White	2. Hispanic/Latino	3. Black/African-American	
4. American Indian	5. Asian or Pacific Islander	6. Filipino	
Please CIRCLE your gender:		Male	Female
Date of Birth:		Last	First Initial
Month	Day	Year	Name: