



APPLICATION FOR EMPLOYMENT

Please fill out the application and email it to: gbennett@jaxcarcare.com. You may also mail it or bring it to the address below in person. If you have any questions, give us a call.

4606 Lexington Avenue Jacksonville, FL 32205 T 904 683 4399 www.jaxcarcare.com

APPLICANT INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME
HOME PHONE	CELL PHONE	
STREET ADDRESS		
CITY	STATE	ZIP CODE

POSITION APPLYING FOR:

WORK EXPERIENCE

COMPANY	POSITION	FROM	TO
MANAGER	BUSINESS PHONE		
COMPANY	POSITION	FROM	TO
MANAGER	BUSINESS PHONE		
COMPANY	POSITION	FROM	TO
MANAGER	BUSINESS PHONE		

EDUCATION HISTORY

PLEASE SELECT YOUR HIGHEST LEVEL OF EDUCATION:

HIGH SCHOOL VOCATIONAL SCHOOL COLLEGE GRADUATE GRADUATE SCHOOL

NAME OF LAST SCHOOL ATTENDED _____

DID YOU RECEIVE A DEGREE? YES NO TYPE OF DEGREE _____

DATES ATTENDED _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TECHNICAL SKILLS

LIST ALL TECHNICAL SKILLS AND CERTIFICATIONS:

I hereby state that all of the above statements are true. I understand that any misleading or false information on this form could terminate employment should I be hired by Jax Car Care

SIGNATURE OF APPLICANT _____ DATE _____