



Wisconsin Automotive & Truck Education Association (WATEA) Career Experience Application

WATEA Partners are Equal Opportunity Employers and are committed to excellence through diversity.

Please print.
The application must be fully completed to be considered. Please complete each section not covered in an attached resume.

Personal Information

Full Name:

Primary Address - Street:	City:	State:	Zip:
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Primary Phone Number: <i>Text?</i>	Secondary Phone Number: <i>Text?</i>	Email Address:
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Have you ever been **convicted of a felony** involving criminal actions substantially related to tasks necessary for performing this job?
(NOTE: A felony conviction does not automatically bar you from consideration)

- No
 YES (Prospective employers may contact you for more details to determine if this conviction prevents employment in certain positions)

If Selected for Employment, Are You Willing to Submit to a Pre-Employment Drug Screening Test?

- Yes No

Position (if applying for a specific job) and/or Desired Career Experience

Position/Experience You Are Applying For (if known):	Available Start Date:	Desired Pay:
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- Employment Desired: Full Time Evenings Days Rotating
 No Job Desired At This Time Part Time Weekends On Call Seasonal/Temporary

I am interested in the following CAREER EXPERIENCE OPPORTUNITIES (check all that apply):

- Permanent Employment Youth/Registered Apprenticeship Job Shadowing and/or Business Tours
 Summer/Temp Employment Internship OTHER (describe): _____

I am interested in the following CAREER EMPLOYMENT FIELDS (check all that apply):

- Service/Repair Tech Diesel Mechanic Autobody/Collision Driving Sales Office
 OTHER: _____

Education (High School level and above)

School Name	Location	Year(s) Attended	Degree Received or Currently Pursuing	Courses Taken Relevant to Desired Position or Experience

Employment History *(starting with current/most recent)*

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

References *(not related; teachers are acceptable)*

Name	Title	Company	Phone / Email	Relationship to Applicant
1.				
2.				
3.				

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.

I understand that the information provided may be shared between WATEA members & partnering businesses.

I am applying for employment and/or job experiences and I hereby authorize my previous employers and references to release personal information relating directly to my employment and/or educational background.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in the immediate loss of the position.

Name (Please Print):	Date Signed:
Signature:	Current School & HS Grade/College Semester (if applicable):