



Dear Applicant,

We are pleased that you are considering career opportunities with Houska Automotive Services, Inc.

At Houska's, we believe that our employees are the most important asset of our company. Because of this, we take the hiring process very seriously.

As your prospective employer, we are considering two very important questions:

- 1. Is this position right for you?***
- 2. Are you the best possible candidate for the position?***

As a candidate for this position, you will be considered on the basis of your application, prior work experience, background, references, your overall attitude, and possibly test results. Houska Automotive Services, Inc. is an equal opportunity employer.

Remember that we are trying to find a good match between employee and position so that everyone benefits. If this position is not right for you, do not be discouraged, but realize that you may be avoiding a negative work experience.

Again, we thank you for your time in applying with us, and we wish you the best in your employment search.

Sincerely,

Dennis Houska

Houska Automotive Services, Inc.

Houska Automotive Services, Inc.

Application for Employment

It is our policy to comply with all applicable State and Federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classifications.

Last Name _____ First _____ M.I. _____

Street Address _____ City _____ State _____ Zip Code _____ Telephone _____

Are you a U.S. Citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes No

Are you 18 years or older? Yes No Driver's License # _____ Social Security # _____

How did you learn of this opening? _____ Have you worked here before? Yes No

Are there any hours, shifts, or days you cannot or will not work? _____

Shifts preferred _____ Part-Time _____ Full-Time _____

Are you willing to work overtime as required? Yes No

Answer this question only after reviewing a description of the job applied for: Do you have any physical or medical conditions or limitations which would limit your capacity to perform the duties of the job? Yes No

If yes, what can be done to accommodate your limitation? _____

Have you ever been convicted of a felony? Yes No (Conviction will not necessarily disqualify an applicant for employment.)

If yes, describe the circumstances: _____

Education	Name/Location of School	Year Graduated	Major	Diploma/Degree
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High School

College/University

College/University

Other Training

Other Training

In addition to your work history (next page), what other experiences, skills, or qualifications would especially fit you to work with our company? _____

Position applied for _____ When can you start? _____

Wage or salary desired? \$ _____ Next 12 months income desired? \$ _____

Work HistoryMay we contact your present employer? Yes No

Most Recent Employer	Address	Telephone
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Dates of Employment	Starting Salary	Salary on Leaving
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Name & Title of Supervisor	Starting Position	Position on Leaving
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Description of Duties	Reasons for Leaving
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Previous Employer	Address	Telephone
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Dates of Employment	Starting Salary	Salary on Leaving
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Name & Title of Supervisor	Starting Position	Position on Leaving
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Description of Duties	Reasons for Leaving
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Previous Employer	Address	Telephone
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Dates of Employment	Starting Salary	Salary on Leaving
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Name & Title of Supervisor	Starting Position	Position on Leaving
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Description of Duties	Reasons for Leaving
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Character References List at least 3 persons, preferably supervisors or co-workers with whom you have recently worked.

Name	Occupation	Home Phone	Years Acquainted
1) _____			
2) _____			
3) _____			
4) _____			
5) _____			

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize the company to make an investigation of any of the facts set forth in this application. I understand that employment at this company is "at will", which means that either I or the company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the company, other than the president, has any authority to alter the foregoing.

Date

Applicant's Signature

Houska Automotive Services Inc.
899 Riverside Ave
Fort Collins, CO 80524
www.houskaautomotive.com

TECHNICAL AREA EVALUATION

Name: _____ Date: _____

In order to get a better understanding of your areas of expertise, please rate yourself on each of the following points: A, B, C, or D. A means you are an expert in this area with extensive knowledge and training. B means you are experienced in the area but do not consider yourself an expert. C means you have been exposed to the area but have little experience or knowledge. D means you know little or nothing about the area.

1) Suspension, Steering, & Alignment

- 4 wheel alignments _____
- Hunter computer alignment equipment _____
- Computer wheel balancing _____
- Diagnosing alignment problems _____
- Suspension repair, ball joints, shocks, struts, rack & pinion, etc. _____

2) Brake System

- Hydraulic diagnosing _____
- Hydraulic repair _____
- Diagnosing brake problems _____
- ABS theory, diagnosing and repair _____
- Air brake systems _____

3) Engine Performance

- Carburetor diagnosis, adjustment, and repair _____
- Carburetor overhaul and rebuild _____
- Diagnosing fuel injection problems _____
- Jetronic diagnosis and repair _____
- Motronic diagnosis and repair _____
- CIS diagnosis and repair _____
- Diesel diagnosis and repair _____

- Turbocharger diagnosis and repair _____
- Diagnosing ignition system problems _____
- DIS diagnosis and repair _____
- Diagnosing and repairing drivability problems _____
- Scanning and interpreting stored codes _____
- Diagnosing soft codes _____
- Use of a lab scope for diagnostics _____
- Emission system diagnosis and repair _____

4) Heating & Air Conditioning Systems

- Theory _____
- Diagnosis _____
- Repair _____
- Automatic climate control _____
- Refrigerant recovery and recycling equipment _____
- Engine cooling system diagnosis and repair _____

5) Electrical/Electronic Systems

- Basis knowledge _____
- Diagnosis _____
- Repair _____
- Multiplexing _____
- Circuits _____
- Voltage drop procedure testing _____

6) Engine Repair – Internal

- Diagnosis and repair _____
- Lubrication _____
- Valve systems _____
- Valve job, lower end, piston and cylinders _____
- Diesel engine, theory, diagnosis and repair _____

7) Automatic Transmission/Transaxle

- Diagnosis _____
- Repair _____
- Electronic diagnosis and repair _____

8) Manual Drive Train and Axles

- Diagnosis _____
- Repair _____
- 4 wheel drive, hubs, automatic hubs, diagnosis and repair _____
- Transfer case, diagnosis and repair _____
- Differential diagnosis and repair _____

In general terms, not necessarily specifics, rate yourself on the following car categories in A, B, C, D as above:

- AMC, Chrysler _____
- Ford _____
- General Motors _____
- Jeep _____
- Japanese _____
- European _____
- British _____

Applicant Waiver Form

I certify that the information contained in this application is correct to the best of my knowledge and that falsification of this information is grounds for refusal to hire, or if hired, dismissal.

I authorize any of the persons or organization referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information.

In consideration for my employment and my being considered for employment by your company, I agree to conform to the rules and regulations of the company and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by your company at any time, at the company's sole option and without any prior notice to me. I further acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time at the option of the company or myself.

I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or assure or make some other personnel move, either prior to commencement of employment or after I have come employed, or to assure any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing.

I acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was made.

Signature of Applicant

Date

Signature of Company Representative

Date

ZURICH PROGRAMS & DIRECT MARKETS RETAIL

913-906-2535

New Hire MVR Request Fax Form

*****MUST BE FILLED OUT LEGIBLY. IF IT IS NOT LEGIBLE IT WILL INCREASE THE AMOUNT OF TIME NEEDED TO PROCESS YOUR REQUEST. *****

Company Information:

Account #: 0128587-00

Account Name as listed on your policy: _____

Account Address: _____

City and State of Account: _____

Name of person to contact with MVR results: _____

CONFIDENTIAL FAX #: (_____) _____ PHONE #: (_____) _____

Prospect Information:

Full Legal Name *as it appears* on DL: _____

Date of Birth*: _____

Driver's License #: _____

State of Issuance: _____

Job Title: _____

If newly issued DL #, please provide previous number and state: _____

AUTHORIZATION FOR COMPANY TO OBTAIN A DRIVER'S LICENSE REPORT

In compliance with the Fair Credit Reporting Act, we hereby notify you that for employment purposes we may request a consumer report in connection with your application for employment or in connection with your employment. It is our normal practice to limit the consumer report to driving records available from the appropriate state departments of motor vehicles.

I voluntarily authorize Zurich to obtain a consumer report for the purposes of business insurance underwriting. I acknowledge that Zurich is not my employer or my prospective employer and will not make any employment decision relating to me. I understand and agree that I can revoke this authorization only in writing and the revocation will be effective only upon receipt.

SIGNATURE: _____ DATE: _____

*Date of Birth information will be used by the consumer reporting agency to try to insure an accurate investigation. It will not be used in any employment decision.