

GM ASEP CANDIDATE APPLICATION FORM

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____ Email: _____

Driver's License # _____

High School _____ Grade _____

Do you have a clear driving record? Yes No

List any traffic violations or accidents your record may show*:

Educational Background

Did you participate in a High School Automotive Program? Yes No (If yes briefly describe the program.)

Students who previously attended other colleges:

I previously attended _____ College/University

Credit hours earned _____

Other educational and/or work experience

Career objectives (Write a clear, definitive statement of your career objectives/goals):

I hereby certify that the foregoing statements are true and correct. I understand that if I have knowingly provided incorrect or false information, I may be denied the opportunity to participate in the General Motors ASEP program.

Release of Information

I have applied for the General Motors-Northern Virginia Community College Automotive Service Educational Program (ASEP), and authorize the officials of Northern Virginia Community College to transmit any placement test scores, college transcripts, and/or other academic and dealership registration information, if requested, to General Motors Corporation officials, and/or General Motors dealership officials involved with the ASEP program.

Signature of applicant

Date

*Employers will also perform a drug test and background check/random drug testing while on the job.

Please fax, email, or mail completed form to:

Jack Wynn-GM ASEP Coordinator
Room AE117
Northern Virginia Community College
3001 North Beauregard St.
Alexandria, VA 22311
703 845-6531 (office)
Email: jwynn@nvcc.edu
GM ASEP Fax # 703 845 6006

FOR OFFICE USE ONLY			
RCVD:	REPLY:	METHOD:	EMPLID:
GMAT:	EPLC:	MTHPLC:	LIC:
INT:	SCALE:		
NOTES:			