

# Chrysler Dealer Automotive Program Candidate Application



Please print or type all information *(using black ink)*

SS No. \_\_\_\_\_ Valid Driver's License No., State \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

High School from which you graduated \_\_\_\_\_

Vocational School attended \_\_\_\_\_

Year of Graduation \_\_\_\_\_

Type of high school automotive program:

Industrial Arts \_\_\_\_\_ Vocational \_\_\_\_\_

How many years \_\_\_\_\_ Name of Teacher \_\_\_\_\_

Students who previously attended other colleges:

I previously attended \_\_\_\_\_ (College/University)

City/State \_\_\_\_\_

Credit hours earned \_\_\_\_\_

Other educational experiences (Military Schools, Seminars, etc.):

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Work experience (most recent within the past two years)

(1) Place of Employment \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

(2) Place of Employment \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

# CAP Candidate Application (cont'd)

Please indicate any dealer contacts you have made regarding CAP:

Name \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Date \_\_\_\_\_

Please indicate your permission by signing below that the supervisory personnel at your dealership, DaimlerChrysler Corporation, and the CAP Coordinators have access to your academic records. No one beyond the persons indicated will see any of your records.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Career interest (In the space provided below, write a clear, definite statement of your future goals.)

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Please include a copy of your most recent transcripts, if available.

CAP candidates: to be considered, please return this form as soon as possible to:

**Michael D. Taylor**, CAP Coordinator  
Automotive Technology  
Sinclair Community College  
444 West Third Street  
Dayton, OH 45402-1460

Signature \_\_\_\_\_ Date \_\_\_\_\_