



Automotive Service Educational Program (ASEP) Application

Applicant's Information

Last Name _____ First Name _____ Middle Initial _____
 Street Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 E-mail Address _____
 Driver's License No. _____ State _____ Expiration Date _____
 Do you have any points on your driver's license? Yes No

Educational Background

High School _____ Year of graduation _____
 Have you taken high school automotive classes? Yes No
 If yes, please describe:
 Type of program _____
 No. of semesters _____
 Name of instructor(s) _____
 Name of school _____

Have you attended any college classes? Yes No
 If yes, where? _____
 Dates of attendance _____ Credit hours earned _____
 Classes taken _____

Other Educational Experience (military, school, seminars, etc.)

Work Experience (most recent, past two years)

Place of employment _____
 Supervisor _____ Phone _____
 Place of employment _____
 Supervisor _____ Phone _____

GM ASEP PROGRAM

Career Interests

Write a clear statement of your career interests.

I hereby certify that the foregoing statements are true and correct. I understand if I knowingly provide incorrect or false information that I may forfeit the opportunity to be selected as a participant in the Automotive Service Educational Program (ASEP). In addition, I authorize the officials of Owens Community College to release my placement test scores, college transcripts and/or academic information, if requested, to the GM Dealership/ AC Delco Service Center or GM/AC Delco officials involved with the program.

Applicant's Signature _____

Date _____

Return this application to:

Sherri Johnson, Chair
Transportation Technologies
Owens Community College
P.O. Box 10,000
Toledo, OH 43699-1947
Or email: transtech@owens.edu

Owens Community College promotes equal opportunity regardless of age, color, handicap, national origin, race, religion or sex.