

**CASEY AUTO GROUP
APPLICATION FOR EMPLOYMENT**

All statements made by applicants for employment, on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without discrimination on the basis of age, race, religion, color, sex, national origin, mental or physical disability, or past, present or future services in the Uniformed services of the U.S., citizenship or any other characteristic protected by law. Please do not list any information that would identify any of such protected characteristic. Only list information relative to position for which you are applying. The use of this form does not mean there are positions open and does not obligate us in any way.

Name _____

Present Address _____ City, State, Zip _____

Home Phone (____) _____ Business Phone (____) _____ Message Phone (____) _____

If at present address less than one year, please give previous address _____

If hired, can you show proof of legal authorization to work in the United States? Yes No
(Examples: driver's license, social security card, birth certificate, passport and/or Immigration and Naturalization Service Documents)

Are you at least 18 years of age? Yes No Do you have a valid driver's license? Yes No

Have you ever been convicted of a crime? Yes No

If yes, explain _____
A conviction will not necessarily disqualify you from employment, but may prevent you from obtaining a sales license.

Position applied for _____ Date available to begin work _____

Type of employment desired Full-time Part-time Temporary? Referred by _____

What days? _____ What hours/ _____ Specific rate of pay expected _____

Is there any reason why you would not be able to attend work on a regular basis or be to work on time? _____

Have you applied here before? No Yes When? _____ Position? _____

Have you worked here before? No Yes When? _____ Position? _____

School	Name and Address	Major	Last Year Completed	Degree Obtained
Graduate School			1 2 3 4	
College			1 2 3 4	
High School			9 10 11 12	

List any job related professional associations in which you participate _____

Are you currently employed? No Yes May we call your current employer? No Yes

EMPLOYMENT RECORD (Please account for all time over the past 10 years. Additional pages available)

DATES EMPLOYED (Month/Year)	NAME/ADDRESS OF EMPLOYER AND NAME OF SUPERVISOR WITH PHONE NUMBER	JOB TITLE AND RESPONSIBILITY	REASON FOR LEAVING
From ___/___/___ To ___/___/___			
From ___/___/___ To ___/___/___			
From ___/___/___ To ___/___/___			
From ___/___/___ To ___/___/___			

PLEASE READ ALL OF THE FOLLOWING BEFORE SIGNING

I certify that the information shown on this application is correct and complete to the best of my knowledge, and that I have not knowingly withheld any fact or circumstance. I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration or terminated if hired.

I authorize this company to inquire with my previous employers or others who may have knowledge of me, or with customer credit, investigative or other private or governmental agencies and release all parties from any and all liability or claims from furnishing such information.

All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States, favorable background and reference checks, and a driving record satisfactory to the company and its insurance carrier.

I understand that if hired, I may be required to undergo a physical examination and drug and alcohol screening test either: if I should be involved in an accident while on duty, on company premises, on job sites, or in a company vehicle; or if a reasonable suspicion of drug or alcohol use exists based on my performance, appearance, and/or behavior. The examination and test will be performed at the employer's expense, by the employer's choice of physician.

If employed, I understand and agree that my employment is "at will" and may be terminated with or without cause or notice at my option or at the option of employer. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit.

I understand that this application will be kept on active file for 90 days from the date completed, after which time I would have to reapply in accordance with established company procedures.

I acknowledge that I have read this authorization and release, fully understand it, and fully and voluntarily agree to its provisions.

Applicant's Signature _____ Date _____

**PLEASE FAX COMPLETED APPLICATION TO (757) 591-1070 OR DELIVER TO:
HUMAN RESOURCES, 813 DILIGENCE DR STE 117, NEWPORT NEWS, VA 23606**