



_____ <b>Previous Employer</b> _____ Address _____ City, State, Zip Code _____ Telephone	<b>Employed From</b> _____ (Mo/Yr) <b>TO</b> _____ (Mo/Yr)	<b>Pay Start</b> \$ _____ <b>Final</b> \$ _____	<b>Your Title or Position</b> _____ <b>Name and Title of Last Supervisor</b> _____	<b>Exact Reason For Leaving</b> _____ _____
_____ <b>Previous Employer</b> _____ Address _____ City, State, Zip Code _____ Telephone	<b>Employed From</b> _____ (Mo/Yr) <b>TO</b> _____ (Mo/Yr)	<b>Pay Start</b> \$ _____ <b>Final</b> \$ _____	<b>Your Title or Position</b> _____ <b>Name and Title of Last Supervisor</b> _____	<b>Exact Reason For Leaving</b> _____ _____
_____ <b>Previous Employer</b> _____ Address _____ City, State, Zip Code _____ Telephone	<b>Employed From</b> _____ (Mo/Yr) <b>TO</b> _____ (Mo/Yr)	<b>Pay Start</b> \$ _____ <b>Final</b> \$ _____	<b>Your Title or Position</b> _____ <b>Name and Title of Last Supervisor</b> _____	<b>Exact Reason For Leaving</b> _____ _____

How did you hear about us? \_\_\_\_\_

Did an employee refer you? \_\_\_\_\_ Who? \_\_\_\_\_

Have you ever been terminated or asked to resign from any job?  Yes  No

If yes, please explain the circumstances: \_\_\_\_\_

Please explain fully any gaps in your employment history: \_\_\_\_\_

May we contact your current employer?  Yes  No

If no, please explain: \_\_\_\_\_

If hired, can you furnish proof that you are over 18 years of age?  Yes  No

Do you have adequate transportation to and from work?  Yes  No



Please explain any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying. \_\_\_\_\_

Have you ever used another name?  Yes  No

Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain: \_\_\_\_\_

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying?  Yes  No

ADDITIONAL INFORMATION – Please indicate any actual experience you have in any of the following positions:

OFFICE	SALES	MANUFACTURING	PARTS
<input type="checkbox"/> Office Manager	<input type="checkbox"/> Sales Manager	<input type="checkbox"/> Services Manager	<input type="checkbox"/> Parts Manager
<input type="checkbox"/> Bookkeeper	<input type="checkbox"/> Sales Person (New Car)	<input type="checkbox"/> Services Writer/Advisor	<input type="checkbox"/> Parts Counter
<input type="checkbox"/> Accounts Receivable	<input type="checkbox"/> Sales Person (Used Car)	<input type="checkbox"/> Dispatcher	<input type="checkbox"/> Parts Stocker
<input type="checkbox"/> Accounts Payable	<input type="checkbox"/> Sales Person (Truck)	<input type="checkbox"/> Shop Foreman	<input type="checkbox"/> Parts Driver
<input type="checkbox"/> Payroll Clerk	<input type="checkbox"/> F & I Manager	<input type="checkbox"/> Mechanic/Technician	
<input type="checkbox"/> Tag/Title Clerk	<input type="checkbox"/> Leasing Manager	<input type="checkbox"/> Electrician	
<input type="checkbox"/> Warranty Clerk	<input type="checkbox"/> Fleet Manager	<input type="checkbox"/> Helper	
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Truck Manager	<input type="checkbox"/> Painter	
<input type="checkbox"/> Cashier	<input type="checkbox"/> Used Car Manager	<input type="checkbox"/> Body Repair	
		<input type="checkbox"/> Get Ready	

**DRIVING INFORMATION**

Complete the following if applying for position which requires driving:

Do you have a current driver’s license?  Yes  No

State: \_\_\_\_\_ License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has your driver’s license ever been suspended or revoked?  Yes  No

If yes, please explain the circumstances: \_\_\_\_\_

Do you have personal automobile insurance?  Yes  No

If no, please explain the circumstances: \_\_\_\_\_

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)?  Yes  No

If yes, please explain the outcome: \_\_\_\_\_



Please list all moving traffic violations in the last five (5) years:

Offense	Date	Location	Offense	Date	Location
Offense	Date	Location	Offense	Date	Location

How many days of work have you missed in the last three (3) years due to reasons other than paid holidays and vacation?

Year	Number of Days
Year	Number of Days
Year	Number of Days

**EDUCATION**

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
<b>Elementary:</b>	4 5 6 7 8			
<b>High School:</b>	9 10 11 12			
<b>College/University:</b>	1 2 3 4			
<b>Graduate/Professional:</b>	1 2 3 4			
<b>Trade or Correspondence:</b>				
<b>Other:</b>				

**PERSONAL REFERENCES**

Please list people who know you well – not previous employers or relatives.

NAME	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

I certify that all of the information that I have provided on this application is true and accurate.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant



APPLICANT'S STATEMENT & AGREEMENT

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination and a test for the presence of alcohol in my system, performed by a doctor selected by the Company. Further, I understand that at any time after I am hired, the Company may require me to submit to a physical examination and an alcohol test, to the extent permitted by law. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated.

I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that the Company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by the Company (employer) at any time and for any reason whatsoever, with or without good cause at the option of either the Company or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in written and signed by the President of the Company (or majority owner or owners if the Company is not a corporation). No supervisor or representative of the Company, other than the President of the Company (or majority owner or owners if the Company is not a corporation), has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between the Company and the employee regarding the rights of the Company or employee to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the employee and the Company.

BY SIGNING BELOW, I AUTHORIZE THE COMPANY TO OBTAIN A CONSUMER CREDIT REPORT ON ME. I ALSO ACKNOWLEDGE AND CERTIFY THAT I HAVE BEEN GIVEN PRIOR WRITTEN NOTIFICATION THAT A CONSUMER CREDIT REPORT MAY BE OBTAINED ON ME AND THAT I HAVE BEEN GIVEN A COPY OF SAID WRITTEN NOTIFICATION.

I also understand that the Company promotes a voluntary system of alternative dispute resolution which involves binding arbitration to resolve all disputes which may arise out of the employment context. Because of the mutual benefits (such as reduced expense and increased efficiency) which private binding arbitration can provide both the Company and myself, I voluntarily agree that any claim, dispute, and/or controversy (including, but not limited to, any claims of discrimination and harassment, whether they be based on the Illinois Human Rights Act, Title VII of the Civil Rights Act of 1964, as amended, as well as all the other state or federal laws or regulations) which would otherwise require or allow resort to any court or other governmental dispute resolution forum between myself and the Company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) arising from, related to, or having any relationship or connection whatsoever with my seeking employment with employment by, or other association with the Company, whether based on tort, contract, statutory, or equitable law, or otherwise, (with the sole exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under Workers' Compensation, and Unemployment Compensation claims filed with the state shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the Illinois Compiled Statutes Chapter 710 § 5/1 et seq. However in addition to requirements imposed by law, any arbiter herein shall be retired Illinois Circuit Court Judge and shall be subject to disqualifications on the same grounds as would apply to a judge of such court. To the extent applicable in civil actions in United States District Courts, the following shall apply and be observed: all rules of pleading all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment, judgment on the pleadings. Resolution of the dispute shall be based solely upon the law governing the claims defenses pleaded, and the arbitrator may not invoke any basis (including, but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged. As reasonably required to allow full use and benefit of the agreement, the arbitrator shall extend the times set for the giving of notices and settings of hearings. Awards shall include the arbitrator's written reasoned opinion and, at either party's written request within 10 days after issuance of the award, shall be subject to affirmation, reversal or modification, following review of the record and arguments of the parties by a second arbitrator who shall, as far as practicable, proceed according to the law and procedures applicable to appellate review by the Illinois Appellate Court of a civil judgment following court trial. Should any term of provision, or portion thereof, be declared void or unenforceable it shall be severed and the remainder of this agreement shall be enforceable. I UNDERSTAND THAT BY VOLUNTARILY AGREEING TO THIS BINDING ARBITRATION PROVISION, BOTH I AND THE COMPANY GIVE UP OUR RIGHT TO TRIAL BY JURY.

I understand that this voluntary alternative dispute resolution program covers claims of discrimination or harassment under Title VII of the Civil Rights Act of 1964, as amended. By marking the box to the right, I elect to waive the benefits of arbitrating Title VII claims/

If you have any questions regarding this statement, please ask a Company representative before signing. I hereby acknowledge that I have read the above statements and understand the same.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



**PLEASE READ VERY CAREFULLY BEFORE SIGNING BELOW**

I understand that:

The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any facts in my application, resume and any other material or during any interviews can be justification for refusal of employment or, if employed, termination from the Company.

I authorize and request that all of my present and former employers and those individuals I have listed as personal reference furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities and other qualities pertinent to my qualifications for my employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

I authorize O'Hare Auto Group Inc. to use any unlawful method, in its sole discretion, it deems reasonable and necessary to determine whether an officer, employee or agent or potential officer, employee or agent has engaged in conduct warranting disciplinary action. Such investigation may include, but may not be limited to, safety related inquires, arrest and criminal record inquires, financial disclosure, finger printing and credit history inquires.

In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the company and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or terminated with or without cause of notice, at any time, at the option of either the company or myself. I further understand that no manager or representatives of the company, other than the President has any authority to enter into any agreement with me for employment for specified period of time or to make any agreement different from or contrary to any company policy. I further understand that any such agreement, if made, shall not be enforceable unless it in writing and signed by me and by one of the individuals designated above.

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Signature

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Date



**DISCLOSURE OF INTENT TO OBTAIN A CONSUMER CREDIT REPORT**

In compliance with the Fair Credit Reporting Act, we hereby notify you that for employment purposes we may request a consumer credit report in connection with your application for employment or employment. This report from a credit reporting agency may include information bearing on your character, general reputation, personal characteristics or mode of living.

**CERTIFICATION OF RECEIPT OF DISCLOSURE AND AUTHORIZATION TO OBTAIN A CONSUMER CREDIT REPORT**

I acknowledge that I have received a copy of the “Disclosure of Intent to Obtain a Credit Report.”

The name and address of the credit reporting agency gathering credit report is Trans Union, 111 W. Jackson Blvd., Chicago, Illinois, 60604, 312-408-1050. I understand that I have the right to dispute with the credit reporting agency any inaccurate information by directly contacting the agency.

I voluntarily authorize you to obtain a consumer credit report regarding me in connection with my application for employment or my employment.

I understand and agree that I can revoke this authorization only in writing and the revocation will be effective only upon request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Maiden or Other Names Under Which  
Records May be Listed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Drivers License Number – State



**AUTHORIZATION TO RELEASE INFORMATION**

Applicant's Current Legal Name: \_\_\_\_\_

Applicant's Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's Phone Number: (\_\_\_\_) \_\_\_\_\_

Length of Time at Current Home Address: Month/Year \_\_\_\_\_ to \_\_\_\_\_ Month/Year

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of Time at Previous Address: Month/Year \_\_\_\_\_ to \_\_\_\_\_ Month/Year

Applicant's Social Security Number \_\_\_\_\_ Sex: Male Female

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Other Names (Aliases Used): \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been convicted of any felony or misdemeanor? \_\_\_\_\_  
(Excluding sealed records)

If yes, please give date(s) and details \_\_\_\_\_

\_\_\_\_\_  
I, the undersigned, authorize and consent (i) to verification of the information provided on this Authorization Form and a criminal history check and (ii) that any person, firm, organization, or corporation, that is provided a copy of (including photocopy or facsimile copy) of this Authorization to Release Information by O'Hare Auto Group, and/or its representative any and all information or records requested regarding me, including but not necessarily limited to, volunteer experience, criminal information records (if any), and background. I have authorized this information to be released in connection with my application for employment. Any person, firm, organization or corporation providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with O'Hare Auto Group guidelines.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date