

# SMART MOTORS, INC. APPLICATION FOR EMPLOYMENT

Position Desired: \_\_\_\_\_ [  ] Full time [  ] Part time Date: \_\_\_\_\_

## APPLICANT'S STATEMENT SMART MOTORS, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I authorize the Company to investigate my driving record, my criminal record and my credit history, and I understand that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends and others with whom I am acquainted. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I acknowledge that Smart Motors, Inc. is a drug and smoke-free environment and that, if hired, I will be required to take and pass a pre-employment drug test.

I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I certify that all of the information that I provide on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be dismissed.

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS**



\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

## PERSONAL DATA

**Name** \_\_\_\_\_  
(Print) Last First Middle

**Present Address** \_\_\_\_\_  
Street and Number City State ZIP How long have you lived there? \_\_\_\_\_  
Years/ Months

**Previous Address** \_\_\_\_\_  
Street and Number City State ZIP How long did you live there? \_\_\_\_\_  
Years/ Months

Telephone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address (REQUIRED): \_\_\_\_\_ Are you 18 years of age or older? [  ] Yes [  ] No

Do you have a friend or relative who currently works at Smart Motors? If yes, please list:

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Have you ever pled guilty, 'no contest' or been convicted of a crime?      [ ] Yes   [ ] No  
 If yes, please give dates and details:

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**Note: Answering 'Yes' to this question does not constitute an automatic bar to employment. Only those crimes which are substantially related to the position you are seeking will be considered.**

### RECORD OF PREVIOUS EMPLOYMENT

Please list the name of your present and previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

<b>Employer</b>	From: <u>Employed</u>	Your Title or Position	Reason for Leaving
Address	To:		
City, State	<u>Name of Supervisor:</u>	<u>Pay</u>	
Telephone		Start \$	
		End \$	
<b>Employer</b>	From: <u>Employed</u>	Your Title or Position	Reason for Leaving
Address	To:		
City, State	<u>Name of Supervisor:</u>	<u>Pay</u>	
Telephone		Start \$	
		End \$	
<b>Employer</b>	From: <u>Employed</u>	Your Title or Position	Reason for Leaving
Address	To:		
City, State	<u>Name of Supervisor:</u>	<u>Pay</u>	
Telephone		Start \$	
		End \$	

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

May we contact your current employer?     Yes    No            If No, please explain

**PREVIOUS EXPERIENCE, SPECIAL SKILLS, HOBBIES, OR TEAM SPORTS**

Do you have any experience or special skills that will help you succeed at the job for which you are applying?

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**EDUCATION**

School <u>(Please print name of school)</u>	Years Completed (circle)	Diploma or Degree?	Describe Course of Study or Major	Describe Specialized Training, Experience or Skills
High School <u>Name</u>	9   10   11   12			
College/University <u>Name</u>	1   2   3   4			
Graduate/Professional	1   2   3   4			
Trade or Correspondence				

**PERSONAL REFERENCES**

Please list persons who know you well – No previous employers or relatives

Name	Phone Number / Email	How Long	In What Capacity?

**DRIVING INFORMATION**

**(All applicants must have a driving record acceptable to our insurance carrier)**

Do you currently hold a valid driver's license? [ ] Yes [ ] No

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

Have you ever been convicted of driving while intoxicated (DWI)? [ ] Yes [ ] No  
If yes, please explain circumstances:

Please list all moving traffic violations in the last five (5) years. If none, please indicate 'None':

(1) \_\_\_\_\_ (2) \_\_\_\_\_  
Offense Date Location Offense Date Location

(3) \_\_\_\_\_ (4) \_\_\_\_\_  
Offense Date Location Offense Date Location

**I specifically authorize Smart Motors, Inc. & its insurance carrier, Federated Insurance, to discuss my motor vehicle driving record for the purpose of determining insurance coverage eligibility.**

Initial here 

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, complete and accurate.**

\_\_\_\_\_  \_\_\_\_\_  
**Date Signature of Applicant**

**For Internal Use**

Insurance: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Person: \_\_\_\_\_ Insurable? \_\_\_\_\_