

CASEY AUTO GROUP APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Equal access to employment, services and programs is available to all persons. Those applicant's requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Director.

Last Name	First	Middle	Home Phone
Street Address			Business Phone
City, State, Zip			Cell Phone
Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>			Are you eligible for employment in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>
E-mail			

EMPLOYMENT INTEREST

Position applied for: _____ Salary Desired: _____ Start Date: _____

Have you ever applied for employment here before? Yes No Referred by: _____

Position wanted: Full-time Part Time Can you work: Nights Yes No Weekends? Yes No

EDUCATION AND TRAINING

School	Name and Location of School	Course of School	No. Years Completed	Did you Graduate?	Degree or Diploma
High					
Trade					
College					
Graduate					
Other					
License or Certificate					
Other					

MILITARY SERVICE RECORD

Have you served in the U.S. Armed Forces? Yes No Branch of Service: _____

Date of Entry _____ Date of Discharge _____ Final Rank _____

Service school attended or special training received _____

Have you had DMV violations in the past 3 years? Yes No

If yes, explain _____

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.

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

EMPLOYMENT HISTORY

(List below last three employers, starting with last one first)

Company Name	Employed From _____ To _____
Address and Phone Number	Supervisors Name
State Job Title and Describe Duties	Reason for Leaving

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REFERENCES (Do not list relatives or former employers)

Name & Address Telephone Years Known Occupation

1. _____
2. _____
3. _____

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 consumer 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 the employer. I understand that nothing contained in this employment application or in 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 _____