



Position Desired: _____ Date: _____

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

No question on this application is intended to secure information to be used for a discriminatory purpose, as this company is an equal employment opportunity employer and does not discriminate on that basis of race, color, religion, sex, citizenship, national origin, age, veteran, Reserve, National Guard, marital status, disability, or any other legally protected status.

APPLICANT'S STATEMENT OF UNDERSTANDING AND AUTHORIZATION:

I understand that this application will be given every consideration, but its receipt does not imply that the applicant will be employed.

I understand that I may choose to leave any portion of the application incomplete or blank and that the following information is given voluntarily.

I understand and authorize the company to obtain a consumer report on my financial and credit record as well as an investigative consumer report whereby information is obtained through personal interviews with neighbors, friends and others with whom I am acquainted. This investigation 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 request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigative consumer report. I give my permission to the company to contact any of the former employers or references shown below to verify the information I have given and I authorize previous employers to release all records of my employment, including assessments of my job performance, ability and fitness.

I understand that the company may require a Motor Vehicle Record (MVR) report.

I understand that the company reserves the right to require a conditional offer of employment medical examination as well as periodic physical or medical examinations, a pre-employment as well as post-employment drug/alcohol test, to the extent permitted by law. I understand that a polygraph (lie detector) examination, to the extent permitted by law, may be given by the company during employment.

I hereby state that the information given by me in this application is true in all respects, and I agree that if I am employed and the information is found to be false in any respect that I may be dismissed.

Should I be employed I understand that such employment is at-will and will not result in an employment contract for any specific term.

Signature of Applicant _____ Date _____

I. PERSONAL DATA

• **Name** _____ **Social Security No.** _____
(Print) Last Name First Middle

• **Present Address** _____
Street and Number City State Zip Code

• **Previous Address** _____
Street and Number City State Zip Code

• **Home or Nearest Telephone No.** _____ **Emergency Phone No.** _____

• **Are you over the age of 18? Yes [] No [] If no, employment is subject to verification that applicant is of minimum legal age.**

• **Are you legally authorized to work in the United States? Yes [] No []**

- **If hired, are you able to furnish proof of eligibility to work in the United States?**
Yes [] No []
- **If a driver's license is required for the position for which you are applying, Do you have a valid driver's license?** Yes [] No [] _____
State Number Expiration Date
- **Any restrictions on license?** Yes [] No [] **If yes, explain:** _____
- **Do you hold a commercial driver's license?** Yes [] No []
- **Have you ever been convicted of a felony, excluding a traffic violation?** Yes [] No []
- **A conviction does not automatically mean you will not be offered a job. What you were convicted, the circumstances surrounding the conviction, and how long ago the conviction occurred, are important. Please give all dates and details:** _____

- **If a driver's license is required for the position for which you are applying, have you ever been convicted of a DWI (Driving While Intoxicated or Driving Under the Influence)?** Yes [] No []
- **If yes, give date and details of each conviction:** _____

- **If a surely bond is required for the position for which you are applying, have you ever been refused a surely bond?** Yes [] No [] **If yes, state reason and date:** _____

II. EDUCATION

(List all education and training)			
CLASSIFICATION	NAME AND LOCATION	MAJOR SUBJECTS	DIPLOMA/DEGREE
COLLEGE			
BUSINESS SCHOOL			
VOCATIONAL			
HIGH SCHOOL			
OTHER			

- **Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application:** _____

III. CHARACTER REFERENCES

List Persons Who Know You Well – Not Previous Employers or Relatives				
Name	Occupation	Address (Street, City and State)	Telephone Number	No. of Years Known

IV. RECORD OF PREVIOUS EMPLOYMENT

List names of employers in consecutive order with present or last employer listed first. Account for any gaps and any period of unemployment. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR.

Name of Present or Last Employer	Employed From	Pay Start	Employee's	Reason for Leaving
Address				
City, State, Zip Code	To	From	Name of Last Supervisor	
Telephone				
Name of Present or Last Employer	Employed From	Pay Start	Employee's	Reason for Leaving
Address				
City, State, Zip Code	To	From	Name of Last Supervisor	
Telephone				
Name of Present or Last Employer	Employed From	Pay Start	Employee's	Reason for Leaving
Address				
City, State, Zip Code	To	From	Name of Last Supervisor	
Telephone				
Name of Present or Last Employer	Employed From	Pay Start	Employee's	Reason for Leaving
Address				
City, State, Zip Code	To	From	Name of Last Supervisor	
Telephone				
Name of Present or Last Employer	Employed From	Pay Start	Employee's	Reason for Leaving
Address				
City, State, Zip Code	To	From	Name of Last Supervisor	
Telephone				

- Explain any gaps in your employment history set forth above _____
- Position(s) applied for: _____ How soon could you report to work? _____
- Type of employment: [] Full Time [] Part Time [] Temporary Rate of pay expected? _____
- What days and hours if part-time? Days _____ Hours _____
- Are you presently employed? _____ If yes, why do you desire to make a change? _____
- How long have you worked in automobiles? _____ What makes of cars do you know best? _____ Have you been certified by the National Institute for Automotive Service Excellence (NIASE)? Yes [] No [] If yes, in what areas? _____
- Have you ever worked for this company before? Yes [] No [] If yes, give dates and position held: _____

V. GENERAL INFORMATION – Actual Experience in Any of the Following – Please Check []

REPAIR AND SERVICE DEPARTMENT

PARTS DEPARTMENT

- Service Manager
- Shop Foreman
- Machinist
- Mechanic
- Mechanic Helper
- Body Person
- Paint Person
- Helper
- Radio
- Trimmer (Upholsterer)

- Motorcycle
- Car Washer
- Lubricated Person
- Porter
- Janitor
- Parts Manager
- Parts Clerk
- Parts Delivery

REPAIR AND SERVICE DEPARTMENT

OFFICE

- Sales Manager
- New Car Salesperson
- Used Car Salesperson
- Truck Salesperson
- Fleet Salesperson
- Finance and Insurance Manager

- Office Manager
- Bookkeeper
- Lubricated Person
- Clerk
- _____
- _____

APPLICANTS CERTIFICATION:

I certify that the information contained in this application is true and complete to the best of my knowledge and understand that falsification, omissions, or misrepresentations of this information is a ground for rejection of my employment application and if employed by Company, termination of my employment from Company. I authorize the character references, previous employers, and educational institutions listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information I agree to conform to the rules and regulations of the form and providing documents establishing identity and work authorization. I understand that this employment application and any other company documents are not promises of employment. I understand that this employment can be terminated with or without cause and with or without notice, at any time, at the option of either the company or myself. I understand that no manager or representative of the Company, other than the president, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I have read and fully understand the Applicant's Statement of Understanding and Authorization (see front of application) and Applicant's Certification.

Signature: _____ Date: _____

APPLICANT: Do Not Write Below This Line

RECORD OF EMPLOYMENT

Employed: _____ **Assigned to:** _____
 (date) (dept)

Basis of Pay _____

USE THIS SPACE FOR HISTORY, JOB ASSIGNMENTS, PAY CHANGES, ETC..

REASON FOR TERMINATION