

APPLICATION FOR EMPLOYMENT

Employment decisions are made without regard to race, ancestry, color, sex, national origin, religion, marital status, age or non-job related disability.

COMPANY APPLICATION SUBMITTED FOR:

BRENNER CAR CREDIT

BRENNER CHYRSLER JEEP

BRENNER NISSAN

BRENNER FINANCIAL

CORPORATE OFFICE

THIS COMPANY HAS A DRUG AND ALCOHOL POLICY THAT REQUIRES A PRE-EMPLOYMENT DRUG SCREENING TEST.

NAME

DATE

(Last, First, Middle, Other/Maiden)

SOCIAL SECURITY NUMBER

PHONE NUMBER

ADDRESS

CITY

STATE

ZIP CODE

EMPLOYMENT APPLIED FOR

Position

Date you can start

Salary Desired

ARE YOU EMPLOYED NOW? YES NO

IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

Employer's Name

Immediate Supervisor

ADDRESS

CITY

STATE

ZIP CODE

WHO REFERRED YOU TO US?

NEWSPAPER

RADIO

INTERNET/WEBSITE

JOB FAIR

OTHER

DRIVING INFORMATION (Complete ONLY if the position you are apply for will require you to drive in connection with your employment)

DRIVER'S LICENSE NUMBER

STATE ISSUED

EVER HAD LICENSE

WHERE

WHEN

REASON

SUSPENDED?

YES

NO

CRIMINAL CONVICTION

HAVE YOU EVER BEEN CONVICTED OR PLEAD GUILTY TO A FELONY OR MISDEMEANOR?

YES

NO

IF YES, PLEASE EXPLAIN

EDUCATION

HIGH SCHOOL

NUMBER OF YEARS COMPLETED

UNIVERSITY/COLLEGE/TRADE SCHOOL

NUMBER OF YEARS COMPLETED

MAJOR DEGREE

OTHER EDUCATION

ARE YOU OVER 18 YEARS OF AGE?

YES

NO

JOB FUNCTIONS

ARE YOU ABLE TO PERFROM THE ESSENTIAL FUNCTIONS OF THIS JOB WITH OR WITHOUT AN ACCOMODATION?

YES

NO

IF ANY ACCOMODATIONS ARE NECESSARY, PLEASE LIST THEM:

FORMER EMPLOYERS (List below last three employers)

DATE MTH/YR	NAME, ADDRESS & PHONE NUMBER	SALARY	POSITION	IMMEDIATE SUPERVISOR	REASON FOR LEAVING	DUTIES/RESPONSIBILITIES
FROM TO						
FROM TO						
FROM TO						

REFERENCES (List below the name of three professional references)

NAME	ADDRESS	PHONE NUMBER	BUSINESS	YRS ACQUAINTED

DEALERSHIP EXPERIENCE – check all that apply

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Service Manager | <input type="checkbox"/> New Car Mechanic | <input type="checkbox"/> Electrician | <input type="checkbox"/> Lube |
| <input type="checkbox"/> Service Salesperson | <input type="checkbox"/> Brake /Wheel Alignment | <input type="checkbox"/> Metal Technician | <input type="checkbox"/> General Garage Worker |
| <input type="checkbox"/> Shop Supervisor | <input type="checkbox"/> Frame and Front End | <input type="checkbox"/> Painter | <input type="checkbox"/> Car Polisher |
| <input type="checkbox"/> Estimator | <input type="checkbox"/> Auto Transmission (State Makes) | <input type="checkbox"/> Paint Helper | <input type="checkbox"/> Car Washer |
| <input type="checkbox"/> Mechanic-Line | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Upholsterer | <input type="checkbox"/> Used Car Lot Person |
| <input type="checkbox"/> Mechanic – General | <input type="checkbox"/> Install Accessories | <input type="checkbox"/> Convertible Tops | <input type="checkbox"/> Chauffeur |
| <input type="checkbox"/> Mechanic’s Helper | <input type="checkbox"/> Dispatcher | <input type="checkbox"/> Glass | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Tune Up | <input type="checkbox"/> Tower Operator | <input type="checkbox"/> Radios | <input type="checkbox"/> Porter |
| | | <input type="checkbox"/> Radiators | <input type="checkbox"/> Janitor |

OFFICE EXPERIENCE – check all that apply

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> General Manager | <input type="checkbox"/> Bookkeeping Machines (please specify) | <input type="checkbox"/> Cashier – General | <input type="checkbox"/> Service Clerk |
| <input type="checkbox"/> Office Manager | <input type="checkbox"/> New Car Inventory | <input type="checkbox"/> Cashier - Service | <input type="checkbox"/> Repair Orders |
| <input type="checkbox"/> Asst. Office Manager | <input type="checkbox"/> Dealer Trades | <input type="checkbox"/> Cashier – Relief | <input type="checkbox"/> Factory Claims |
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Contracts | <input type="checkbox"/> General Office Clerk | <input type="checkbox"/> Insurance Billing |
| <input type="checkbox"/> Bookkeeper – F.C | <input type="checkbox"/> DMV | <input type="checkbox"/> Clerk-Typist | <input type="checkbox"/> Summaries |
| <input type="checkbox"/> Bookkeeper – Asst. | <input type="checkbox"/> Insurance Clerk | <input type="checkbox"/> Secretary – Steno | <input type="checkbox"/> Follow-up |
| <input type="checkbox"/> Payroll | <input type="checkbox"/> Insurance Manager | <input type="checkbox"/> Shorthand _____ | |
| <input type="checkbox"/> A/R, A/P | <input type="checkbox"/> Have Agents License | <input type="checkbox"/> Typist _____ WPM | |
| <input type="checkbox"/> Journals (specify) | <input type="checkbox"/> Have Brokers License | <input type="checkbox"/> Switchboard Operator _____ lines | |
| <input type="checkbox"/> Internals | <input type="checkbox"/> Credit Manager | | |
| <input type="checkbox"/> Summaries | <input type="checkbox"/> Notary | | |

PARTS DEPARTMENT – check all that apply

- | | |
|---|--|
| <input type="checkbox"/> Parts Manager | <input type="checkbox"/> Pickup and Delivery |
| <input type="checkbox"/> Parts Counter Specialist | <input type="checkbox"/> Body Parts |
| <input type="checkbox"/> Stock Person | <input type="checkbox"/> Truck Parts |
| <input type="checkbox"/> Inventory | <input type="checkbox"/> Outside Sales |

SALES DEPARTMENT – check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Sales Manager – New | <input type="checkbox"/> Recreational Vehicles |
| <input type="checkbox"/> Sales Manager – Used | <input type="checkbox"/> Leasing Department |
| <input type="checkbox"/> Sales Person | <input type="checkbox"/> Promotion |
| <input type="checkbox"/> New <input type="checkbox"/> Used | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Truck Sales | <input type="checkbox"/> Fleet |

In submitting this application for employment, I authorize investigation of all statements contained in it and it is understood and agreed that any misrepresentation by me in this application may result in cancellation of the application and/or separation from the company’s service if I have been employed. If I am offered employment, I understand that I will be required to pass a substance abuse test and may be required to pass a medical examination as a condition of employment and if so, I consent to release any and all medical information during the test and examination as may be deemed necessary by the company.

In consideration of any employment I agree to conform to the rules and regulations of the company. My employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the opinion of either the company or myself. I understand that no representative of the company except the General Manager or President has any authority to enter into any agreement for any specified time or to make any agreement contrary to the foregoing.

“I certify I have read all of this application and that the information I have provided above is true and correct.

Signed: _____

Date _____

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED
APPLICATIONS ARE HELD ON FILE FOR A MAXIMUM OF 60 DAYS**