

WORK EXPERIENCE

Beginning with your present or most recent employer, describe your employment experience below:

1. Present or last Employer: _____
Address: _____
Telephone: _____ Annual or Hourly Earnings: _____
Dates Employed: From: _____ To: _____
Name of Your Immediate Supervisor: _____
Description of Your Work and Responsibilities: _____

Reason for Leaving: _____
May we contact your present employer at this time: Yes _____ No _____

2. Previous Employer: _____
Address: _____
Telephone: _____ Annual or Hourly Earnings: _____
Dates Employed: From: _____ To: _____
Name of Your Immediate Supervisor: _____
Description of Your Work and Responsibilities: _____

Reason for Leaving: _____
May we contact your previous employer at this time: Yes _____ No _____

3. Previous Employer: _____
Address: _____
Telephone: _____ Annual or Hourly Earnings: _____
Dates Employed: From: _____ To: _____
Name of Your Immediate Supervisor: _____
Description of Your Work and Responsibilities: _____

Reason for Leaving: _____
May we contact your previous employer at this time: Yes _____ No _____

4. Previous Employer: _____
Address: _____
Telephone: _____ Annual or Hourly Earnings: _____
Dates Employed: From: _____ To: _____
Name of Your Immediate Supervisor: _____
Description of Your Work and Responsibilities: _____

Reason for Leaving: _____
May we contact your previous employer at this time: Yes _____ No _____

5. Previous Employer: _____
Address: _____
Telephone: _____ Annual or Hourly Earnings: _____
Dates Employed: From: _____ To: _____
Name of Your Immediate Supervisor: _____
Description of Your Work and Responsibilities: _____

Reason for Leaving: _____
May we contact your previous employer at this time: Yes _____ No _____

Please explain fully any gaps in your employment history: _____

Have you ever been terminated or asked to resign from a job? { } Yes { } No If yes, please explain circumstances: _____

Have you ever been in the United States Armed Services? { } Yes { } No
 (Answer is Optional) If yes, what branch? _____

EDUCATION

Level	Name and Address of School	Years Completed	Diploma/Degree	Major or Course of Study	Describe Any Specialized Training or Skills
High School		1 2 3 4			
Community College		1 2			
College/University		1 2 3 4			
Graduate/Professional		1 2			
Trade School					

PREVIOUS EXPERIENCE

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

OFFICE	SALES/LEASING	SERVICE & REPAIR	PARTS
<input type="checkbox"/> Controller	<input type="checkbox"/> Sales Manager	<input type="checkbox"/> Service Manager	<input type="checkbox"/> Parts Manager
<input type="checkbox"/> Office Manager	<input type="checkbox"/> New Car Sales	<input type="checkbox"/> Service Advisor	<input type="checkbox"/> Parts Counter
<input type="checkbox"/> Bookkeeper	<input type="checkbox"/> Used Car Sales	<input type="checkbox"/> Dispatcher	<input type="checkbox"/> Parts Stocker
<input type="checkbox"/> Accounts Receivable	<input type="checkbox"/> Truck Sales	<input type="checkbox"/> Shop Foreman	<input type="checkbox"/> Parts Driver
<input type="checkbox"/> Accounts Payable	<input type="checkbox"/> F&I Manager	<input type="checkbox"/> Technician	
<input type="checkbox"/> Payroll Clerk	<input type="checkbox"/> Leasing Manager	<input type="checkbox"/> Electrician	OTHER
<input type="checkbox"/> Title/Tag Clerk	<input type="checkbox"/> Fleet Manager	<input type="checkbox"/> Porter	<input type="checkbox"/>
<input type="checkbox"/> Warranty Clerk	<input type="checkbox"/> Truck Manager	<input type="checkbox"/> Detailer	<input type="checkbox"/>
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Used Car Manager	<input type="checkbox"/> Painter	<input type="checkbox"/>
<input type="checkbox"/> Cashier	<input type="checkbox"/> After Market Sales	<input type="checkbox"/> Body Repair	<input type="checkbox"/>
<input type="checkbox"/> Receptionist	<input type="checkbox"/> Customer Relations Mgr	<input type="checkbox"/> Driver	

MOTOR VEHICLE INFORMATION

*****IMPORTANT*** If you accept an offer of employment, we will immediately order a Motor Vehicle Record**

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

Explain circumstances/outcome: _____

Do you have a valid driver's license? Yes _____ No _____

Have you had any accidents in the last five years? Yes _____ No _____

If yes please give details: _____

Have you been cited for any moving violations in the last five years?

Yes _____ No _____ If yes, please give details: _____

Has your driver's license or auto insurance ever been suspended, revoked, denied or canceled?

Yes _____ No _____ If yes, please explain: _____

PROFESSIONAL REFERENCES

Name	Occupation	Address (city, state, zip)	Telephone Number	Number of Years Known

PERSONAL REFERENCES

Name	Occupation	Address (city, state, zip)	Telephone Number	Number of Years Known