

# APPLICATION FOR EMPLOYMENT



## Please Read Before Filling Out This Application

This Dealership does not discriminate in hiring or employment on the basis of any categories protected by State or Federal law. No question on this application is intended to secure information to be used for such discrimination. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

Please answer every question.

			SOCIAL SECURITY NUMBER
FIRST	MIDDLE	LAST	HOME TELEPHONE NUMBER
Address			
NUMBER		STREET	BUSINESS TELEPHONE NUMBER
CITY	STATE	ZIP CODE	LENGTH OF TIME AT THIS ADDRESS

List previous address within the United States, except Military, if address changed during the past year.

STREET	CITY	STATE	FROM (DATE) TO
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Type of work desired \_\_\_\_\_ Salary requirements \_\_\_\_\_

Are you over 18 years of age?  Yes  No Date available for work \_\_\_\_\_

## GENERAL INFORMATION

### ACTUAL EXPERIENCE IN ANY OF THE FOLLOWING – Please Check

OFFICE	SERVICE DEPARTMENT	SALES DEPARTMENT	PARTS DEPARTMENT
<input type="checkbox"/> Office Manager	<input type="checkbox"/> Service Manager	<input type="checkbox"/> New Car Sales Manager	<input type="checkbox"/> Parts Manager
<input type="checkbox"/> Receptionist	<input type="checkbox"/> Service Advisor	<input type="checkbox"/> Used Car Sales Manager	<input type="checkbox"/> Parts Clerk
<input type="checkbox"/> Bookkeeper	<input type="checkbox"/> Technician	<input type="checkbox"/> New Car Salesperson	<input type="checkbox"/> Parts Delivery Driver
<input type="checkbox"/> Asst. Bookkeeper	<input type="checkbox"/> Lubricator	<input type="checkbox"/> Used Car Salesperson	
<input type="checkbox"/> Clerk	<input type="checkbox"/> Porter/Janitor		
<input type="checkbox"/> Title Clerk	<input type="checkbox"/> Security		
<input type="checkbox"/> Typist	<input type="checkbox"/> Car Washer/Polisher	What makes of cars do you know best? _____	
<input type="checkbox"/> Cashier	<input type="checkbox"/> Painter		
<input type="checkbox"/> Computer Operator	<input type="checkbox"/> Trimmer (Upholsterer)		

Have you ever been convicted of a felony?  Yes  No (If yes, please explain.)  
 A conviction will not necessarily disqualify you from employment, it will be considered only as it may relate to the job you are seeking.

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## JOB REFERENCES



(List of persons that have worked with you in the past)

NAME	OCCUPATION	ADDRESS (CITY AND STATE)	PHONE #	YEARS KNOWN

## EMPLOYMENT RECORD

**Starting with PRESENT or MOST RECENT, list all previous employers. List only employers located within the United States. Include self-employment, summer and part-time jobs.**

EMPLOYER INFORMATION	DATES EMPLOYED		SALARY		REASON FOR LEAVING
	FROM	TO	STARTING	LEAVING	
COMPANY NAME					
NUMBER AND STREET					
CITY	STATE	ZIP			
SUPERVISOR	POSITION		DUTIES		

EMPLOYER INFORMATION	DATES EMPLOYED		SALARY		REASON FOR LEAVING
	FROM	TO	STARTING	LEAVING	
COMPANY NAME					
NUMBER AND STREET					
CITY	STATE	ZIP			
SUPERVISOR	POSITION		DUTIES		

EMPLOYER INFORMATION	DATES EMPLOYED		SALARY		REASON FOR LEAVING
	FROM	TO	STARTING	LEAVING	
COMPANY NAME					
NUMBER AND STREET					
CITY	STATE	ZIP			
SUPERVISOR	POSITION		DUTIES		

# MILITARY SERVICE RECORD



Have you ever served in the Armed Forces of the United States?  Yes  No

Job Title: \_\_\_\_\_

Job Skills: \_\_\_\_\_

# EMERGENCY INFORMATION

In case of an accident or emergency who should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_  
NUMBER STREET CITY STATE

\_\_\_\_\_ PLACE OF EMPLOYMENT CITY STATE

# EDUCATION

Please list most recent, first.

SCHOOL NAME	YEAR COMPLETED	MAJOR
	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

List scholastic honors, offices held and activities in high school and college:

\_\_\_\_\_

Are you planning to pursue further studies?  Yes  No

## DRIVING INFORMATION



Do you have a current driver's license?  Yes  No

State: \_\_\_\_\_ License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has your driver's license ever been suspended or revoked?  Yes  No

If yes, please explain circumstances: \_\_\_\_\_

Do you have personal automobile insurance?  Yes  No Insurance Company: \_\_\_\_\_

Has your personal automobile insurance ever been canceled?  Yes  No

If yes, please explain circumstances: \_\_\_\_\_

Have you ever been convicted, or are charges pending against you for DUI or DWI?  Yes  No

If yes, please explain circumstances and outcome:

\_\_\_\_\_

Please list all moving traffic violations in the last (5) years:

\_\_\_\_\_  
OFFENSE                      DATE                      LOCATION

\_\_\_\_\_  
OFFENSE                      DATE                      LOCATION

\_\_\_\_\_  
OFFENSE                      DATE                      LOCATION

\_\_\_\_\_  
OFFENSE                      DATE                      LOCATION

## REFERENCE AUTHORIZATION

I understand that references will be contacted, and that appropriate work-related references are not limited to those listed in my application.

I authorize \_\_\_\_\_ to contact and secure information about my educational background and work experience and to secure records of licensing, administrative, regulatory or any other governmental agency, and to contact any other information source relevant to employability. I hereby release \_\_\_\_\_, its subsidiaries, officers and agents from liability for seeking such information, and all other persons, schools, corporations or organizations for furnishing such information.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

### PLEASE READ, and if you have any questions regarding this statement, please ask the interviewer before signing.

In the event of my employment by this dealership, I understand that the term of my employment may be terminated at the will of myself or my employer at anytime. I further understand that no employee of the dealership is authorized to promise me anything to the contrary. I also understand that all policy manuals, handbooks or personnel policies are descriptive only, may be unilaterally changed and are not intended to form a contract between myself and the dealership.

I authorize the dealership to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with legal and proper interest.

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 the law.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably.

I hereby acknowledge that I have read the above statement and understand the same.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**SUBMIT APPLICATION**