

**APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER**

PLEASE PRINT ANSWERS TO THE FOLLOWING QUESTIONS. TO BE CONSIDERED FOR EMPLOYMENT, ALL ITEMS MUST BE COMPLETED.

Position Desired _____	Date: _____
	Month Day Year
Date available to start work: _____	

PERSONAL DATA

Name: _____		
(Print) Last Name	First	Middle
Present Address: _____		
Street and Number		

City	State	Zip
Telephone No.: () _____		
Area Code		
Social Security Number: _____		
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates and position _____		

Do you have any friends or relatives, other than spouse, working here? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Name: _____ Relationship: _____		
How would you get to and from work? _____		
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		

License No.	State	Expiration Date

Have you ever been cited for a traffic violation of any kind? Yes No If yes, please give date and details:

Have you ever been convicted of a crime? Yes No If yes, please give date and details of each:

(Note: Answering "yes" to this question does not constitute an automatic bar to employment. Surrounding circumstances will be considered including age, date of conviction, seriousness and nature of the crime.)

EDUCATION RECORD

Type of School	Name and Address	No. of Years Completed	Graduated	Course of Study or Major
High School	Name: _____ Address: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	Name: _____ Address: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational or Trade	Name: _____ Address: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Education or Training				

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of all of your previous employers in chronological order with present or last employer listed first. Do not omit any past employer. Be sure to account for all periods of time including military service, and any period of unemployment. If more space is needed, you must attach an additional page to this application so that you can include all past employment, military service, etc.

Name of Last Employer	Employed From (mo./yr.)	Pay Start	Your Position(s)	Reason for Leaving
		\$		
Address:	To (mo./yr.)	Final \$	Name of Last Supervisor	
City, State, Zip Code				
Telephone				

<u>Previous Employer</u>	<u>Employed From (mo./yr.)</u>	<u>Pay Start</u> \$	<u>Your Position(s)</u>	<u>Reason for Leaving</u>
Address:	To (mo./yr.)	Final \$	<u>Name of Last Supervisor</u>	
City, State, Zip Code				
Telephone				

<u>Previous Employer</u>	<u>Employed From (mo./yr.)</u>	<u>Pay Start</u> \$	<u>Your Position(s)</u>	<u>Reason for Leaving</u>
Address:	To (mo./yr.)	Final \$	<u>Name of Last Supervisor</u>	
City, State, Zip Code				
Telephone				

<u>Previous Employer</u>	<u>Employed From (mo./yr.)</u>	<u>Pay Start</u> \$	<u>Your Position(s)</u>	<u>Reason for Leaving</u>
Address:	To (mo./yr.)	Final \$	<u>Name of Last Supervisor</u>	
City, State, Zip Code				
Telephone				

Have you ever been discharged, laid off, or asked to resign from any job? Yes No

If yes, please explain circumstances: _____

Please explain fully any periods in your employment history where you were not employed: _____

May we contact your current employer? Yes No If no, please explain: _____

PERSONAL REFERENCES

Please list persons who have known you for at least one year - not previous employers or relatives.

Name	Occupation	Address (Street, City and State)	Telephone No.	No. of Years Known

I certify that the information provided on the application is true and complete. I agree that if there is any misrepresentation or omission concerning the information on this application, any offer of employment to me may be withdrawn, and if I have already been hired, my employment may be terminated.

I understand that any offer of employment by this dealership is contingent upon (1) my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States, (2) successful completion of any preplacement physical exam and/or drug/alcohol test that may be required by the dealership, and (3) proof of valid driver's license and satisfactory driving record. I understand that my employment may be terminated at any time if the dealership determines or is notified by its insurer that I do not have a valid driver's license or a satisfactory driving record.

No promises concerning the nature or length of my employment have been made to me. If I am hired, I understand that I have the right to terminate my employment at any time, and for any reason. Unless I am covered by a collective bargaining agreement containing a contrary provision, I also understand that the dealership has the same right to terminate my employment at any time and for any reason. I understand that no one employed by the dealership has the authority to modify these conditions. I hereby release all persons, past and present employers, and educational institutions from any liability to me if they supply information to this dealership as part of an investigation.

My signature reflects that I have read, understood, and have agreed to these terms and conditions. I understand that this application will be considered active for only thirty (30) days, and that if I wish to be considered for employment after that, I must submit a new application.

Date: _____

Applicant's Signature