



APPLICATION FOR EMPLOYMENT
(We are an equal opportunity employer)

Position _____

When are you available for work? _____

Placement Desired: ☐ Full-time ☐ Part-time ☐ Temporary

APPLICANT'S STATEMENT

I understand that Classic Autogroup Galveston is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring, promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, or any other category protected by law.

In making this application for employment, I understand that the Dealership may investigate my driving, criminal and/or credit records and that an investigative consumer report may be made, whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, financial responsibility, and mode of living. I understand that I have a 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 authorize former and present employers, work and personal references listed in the application, and any other individuals I may name, to give Classic Autogroup Galveston or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to Classic Autogroup Galveston. I also authorize Classic Autogroup Galveston to provide truthful information concerning my employment with it to future employers and I agree to hold it harmless for providing such information.

I understand that Classic Autogroup Galveston reserves the right, to the extent permitted by law, to require any drug screening test of an applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any such test. I consent to the release of the results of any such test(s) to Classic Autogroup Galveston.

I understand that this employment application and any other Company documents are not promises of employment. Should I be employed, I understand that my employment will be on a trial period for ninety days from the date of my hiring. I further understand that, if I am employed, I can terminate my employment at any time with or without cause and

with or without advance notice, and that the Dealership has a similar right. I understand that no manager or representative of Classic Autogroup Galveston has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, except that the General Manager may do so in writing.

The information given by me in this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading or unsatisfactory in any respect (in the Company's exclusive judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

I agree that any dispute between me and the company related to my application for employment or my employment, if selected, will be resolved through mutually binding arbitration in accordance with the company's arbitration policy and procedures. I understand that I have the right to review the policy and procedures prior to signing this statement.

I certify that I have received a written notification that the company may obtain a consumer report or reports on me. I authorize this company to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, and Department of Motor Vehicle reports.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST RE-APPLY. DO NOT SIGN UNTIL YOU READ AND UNDERSTAND THIS STATEMENT.

Signature of Applicant

Date



Each inquiry on this application must be fully answered or completed. Otherwise, you will not be considered for employment.

PERSONAL DATA

Print Full Name _____
Last First M.I.

SSN: _____

Complete Present Address _____
How long? _____

Complete Previous Address _____
How long? _____

Telephone No. ____/____

Are you 18 years of age or older? Yes no

If hired, can you provide proof that you are legally entitled to work in the U.S.? Yes / No

Do you have any friends or relatives working here? Yes / No

(If yes, give name & relationship)

Have you ever worked for this dealership before? Yes / No

If yes, please give dates and positions: _____

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime?
Yes / No If yes, please give dates and details: _____

(NOTE: Answering "yes" to this question does not constitute an automatic bar to employment.)

Do you have any commitments to any other employer which may affect your employment?

Yes no

If yes, explain:

EDUCATION

(PLEASE INCLUDE THE FACILITY NAME, YEARS COMPLETED, DIPLOMA, MAJOR AND ANY OTHER SKILLS OR TRAINING)

Elementary:

High School:

College/University

Graduate/Professional

Trade or Correspondence:

Other (include any manufacturer's training courses or similar training that may be applicable to the position for which you are applying):

PERSONAL REFERENCES - (Please list persons who know you well excluding previous employers or relatives)

Name	Occupation	Complete Address	Phone	# of years known
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Please list the names of your present or previous employers in chronological order with present or last employer listed first. If self-employed, give firm name and supply business references.

Present Employer _____

Complete Address _____

Dates Employed (To & From) _____

Telephone #: _____

Starting/Ending Pay _____

Title/Position _____

Supervisor's Name _____

Brief Description of Duties:

Reason for Leaving:

Previous Employer _____

Complete Address _____

Dates Employed (To & From) _____

Telephone #: _____

Starting/Ending Pay _____

Title/Position _____

Supervisor's Name _____

Brief Description of Duties:

Reason for Leaving:

Previous Employer _____

Complete Address _____

Dates Employed (To & From) _____

Telephone #: _____

Starting/Ending Pay _____

Title/Position _____

Supervisor's Name _____

Brief Description of Duties:

Reason for Leaving:

List any other names which you may have used and which will be necessary to verify your prior employment:

Have you ever been employed by an automobile dealership? Yes / No

If yes, please describe your position, duties, length of service and other factors which may be relevant to the job for which you are applying:

Have you ever been terminated or asked to resign from any job? Yes / No

If yes, please explain circumstances:

Please fully explain any gaps in your employment history. Be sure to account for all periods of time including military service and any period of unemployment:

May we contact your current employer? Yes / No

If no, please explain:

DRIVING INFORMATION (complete only if you will drive a vehicle in connection with your employment)

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

If yes, please complete the following:

License No: _____

State: _____

Expiration Date: _____

Have you ever been convicted, pled guilty or no contest to a charge of DWI or DUI?

Yes / No

If yes, please explain:

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

POSITIONS HELD IN PRIOR JOBS (please circle all that apply)

<u>OFFICE</u>	<u>SALES & LEASING</u>	<u>SERVICE & REPAIR</u>	<u>PARTS</u>
Controller	Sales Manager	Service Manager	Manager
Office Manager	Salesperson (New Car)	Service Writer/Advisor	Counter
Bookkeeper	Salesperson (Used Car)	Dispatcher	Stocker
Accts. Receivable	Salesperson (Truck)	Shop Foreman	Driver
Accts. Payable	F & I Manager	Customer Service Manager	
Payroll Clerk	Leasing Manager	Mechanic/Technician	
Tag/Title Clerk	Fleet Manager	Electrician	
Warranty Clerk	Truck Manager	Helper	
Data Entry	Used Car Manager	Painter	
Cashier	After Market Sales	Body Repair	
	New Car Delivery		



**CONSENT TO DRUG TESTING
AND RELEASE OF CLAIMS**

I, _____, agree to submit a blood, breath, and/or urinalysis tests to determine if I have controlled substances or alcohol present in my system. I understand that if I test positive, I will be subject to disqualification for hire or subject to discipline up to and including discharge.

I consent to the release of test results to Classic Autogroup Galveston. I also consent to the release of test-related information to the Unemployment Compensation Commission or other governmental agency or court. I understand that the results will not be reported to a law enforcement agency unless required by law.

In return for consideration of my employment application or continuation of my employment, I release Classic Autogroup Galveston and its affiliates, and their employees and officers from liability or damages for the specimen collection and testing, the test results, and any adverse employment action taken as a result of the testing and test results.

I have read and agree to abide by the Dealership's Drug and Alcohol Policy. I understand that my agreement to undergo testing in no way alters my right or the Dealership's right to terminate my employment at any time for any reason.

I certify that the above information is true and accurate to the best of my knowledge. I understand that I may be disqualified for hire, or possibly discharged if I omit or falsify the above information. I further understand that I may be discharged if I adulterate or substitute my urine specimen.

Date

Signature

Printed Name



BACKGROUND CHECK RELEASE

I hereby acknowledge that I have provided certain employment information to the company as a part of my employment application and that all the information that I have provided to the company is truthful, honest and complete and I agree that any false statement shall give rise to my immediate termination. I further agree that the company may contact any prior employer and that it may do whatever it deems necessary in connection with any background check, including without limitation, contacting all references that I have provided to the company, pursuing necessary background checks with law enforcement agencies, as well as any and all other actions the company deems necessary in order to insure that I will be able to faithfully discharge my duties as a prospective employee of the company. I further authorize any person or company to disclose any information to the company in regard to my background, as well as my character and I agree that a Photostat of this document is to be considered acceptable. I acknowledge that a full and complete background check is necessary for the company and I accordingly release the company, its agents, servants and/or employees, as well as all other persons acting in connection with this authorization from any liability whatsoever.

Date

Signature

Witness

Printed Name



ATTN: HR/PAYROLL

DISCLOSURE OF INTENT TO OBTAIN A MOTOR VEHICLE RECORD

In compliance with the Fair Credit Reporting Act we hereby notify you that we will request your Motor Vehicle Record in connection with either your application for employment or your current employment. The Fair Credit Reporting Act considers a Motor Vehicle Record a "consumer report".

This disclosure also is to inform you that our insurance agency will request your Motor Vehicle Record, which under normal practice will consist of your driving record from the appropriate state department of motor vehicles.

**CERTIFICATION OF RECEIPT OF DISCLOSURE AND AUTHORIZATION TO
OBTAIN A MOTOR VEHICLE RECORD**

I acknowledge that I have received a copy of this "Disclosure of Intent to Obtain a Motor Vehicle Record," I understand that I have a right to dispute my Motor Vehicle Record regarding inaccurate information by directly contacting ECCS.

I voluntarily authorize you to obtain a Motor Vehicle Record in connection with my application for employment or my employment. I understand that ECCS is not my employer or prospective employer.

I understand and agree that I can revoke this authorization only in writing and the revocation will be effective only upon receipt.

Signature Date

*PRINT NAME Print other names under which you have used.

Drivers License number _____ Exp date _____

Date of Birth _____
POSITION APPLIED FOR

**Date of birth information will be used by the consumer reporting agency to try to insure an accurate report. It will not be used in any employment decisions. The Age Discrimination in Employment Act prohibits discrimination against personnel 40 years of age or older.*