JOE MACHENS DEALERSHIPS
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PRELIMINARY APPLICATION FOR EMPLOYMENT
FOR INTERVIEW PURPOSES ONLY

Position Desired: _____ ☐ Part Time ☐ Full Time Date: _____

Name (print): _____
LAST   FIRST   MIDDLE

Present Address: _____ How long did you live there? _____
SREET & NUMBER   CITY   STATE   YEARS   MONTHS

Previous Address _____ How long did you live there? _____
STREET & NUMBER   CITY   STATE   YEARS   MONTHS

Home Phone: _____ Cell Phone: _____ Social Security Number: _____-_____-_____

Have you worked for this company before?   ☐ YES ☐ NO
If YES, please give dates and position: _____

Are you 18 years of age?   ☐ **YES**   ☐ **NO**

Are you legally eligible to work in the United States?   ☐ **YES**   ☐ **NO**

What date can you start? _____

If the job requires, do you have an appropriate and valid driver's license? ☐ **YES**   ☐ **NO**

Name on License: _____ DL#:_____ State: _____

Do you have adequate transportation to and from work?   ☐ **YES**   ☐ **NO**

Are you capable of satisfactorily performing the essential job duties of the position for which you are applying?   ☐ **YES**   ☐ **NO**

Have you ever been terminated or asked to resign from a job? If yes, please explain.   ☐ **YES**   ☐ **NO**
_____
_____
_____

Please indicate any actual experience, special training, and qualifications that you have which you feel are relevant to the position for which you are applying:
_____
_____
_____

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self employed, give firm name and supply references. (Add additional page if necessary).

MOST RECENT EMPLOYER

Are you currently working for this employer? ☐ **YES** ☐ **NO**

If yes, may we contact them? ☐ **YES** ☐ **NO**

PHONE: (   )

FAX: (   )

_____

COMPANY NAME   CITY   STATE

_____

DATES EMPLOYED (FROM/TO)   JOB TITLE   SUPERVISOR'S NAME

_____

LIST OF DUTIES

_____

SALARY   PER WEEK/HOUR/MONTH?   REASON FOR LEAVING?

SECOND MOST RECENT EMPLOYER

PHONE: (   )

FAX: (   )

_____

COMPANY NAME   CITY   STATE

_____

DATES EMPLOYED (FROM/TO)   JOB TITLE   SUPERVISOR'S NAME

_____

LIST OF DUTIES

_____

SALARY   PER WEEK/HOUR/MONTH?   REASON FOR LEAVING?

THIRD MOST RECENT EMPLOYER

PHONE: (   )

FAX: (   )

_____

COMPANY NAME   CITY   STATE

_____

DATES EMPLOYED (FROM/TO)   JOB TITLE   SUPERVISOR'S NAME

_____

LIST OF DUTIES

_____

SALARY   PER WEEK/HOUR/MONTH?   REASON FOR LEAVING?

REFERENCES

Please include only individuals familiar with your work ability. Do not list relatives or names of supervisors listed.

NAME	ADDRESS/PHONE NUMBER	YEARS KNOWN
1.		
2.		
3.		

EDUCATION

Please select the highest grade completed. If your school records are under a different name than listed above, please list that name here: _____.

NAME	CITY/STATE	GRADUATED	DEGREE TYPE
HIGH SCHOOL:			
COLLEGE:			
OTHER:			

PROFESSIONAL LICENSES & CERTIFICATIONS

Do you hold any professional licenses or certifications?   ☐ **YES** ☐ **NO**

Name of license/certification: _____

Licenses/Certification Number: _____ Issuing State: _____

Has your license/certification even been revoked or suspended?   ☐ **YES** ☐ **NO**

If yes, please state the reason(s), date of revocation or suspension and date of reinstatement:
_____

APPLICANT'S STATEMENT & AGREEMENT

I understand that this application form is intended for use in evaluating my qualifications for employment and that this application is not an offer of employment. I certify that the information submitted by me on this application to be true and complete. I understand that any false information, misrepresentations or omissions on this application, or on other written materials, or provided during any interviews will lead to the rejection of my preliminary application. If I am hired, I understand that I will have to complete an application for employment in its entirety.

If you have any questions regarding this statement, please ask a Company representative before signing. I hereby acknowledge that I have read the above statements and understand the same. This statement and agreement contains a binding arbitration provision which may be enforced by the parties.

_____   _____
SIGNATURE OF APPLICANT   DATE

Please send completed application to Director of Human Resources at careers@machens.com.