



# APPLICATION FOR EMPLOYMENT



## BACKGROUND CHECKS

We will conduct a comprehensive background check on all candidates for employment.

## DRUG SCREENING

Craig Zinn Automotive Group is committed to maintaining a DRUG-FREE workplace. All offers of employment are contingent upon successful completion of a pre-employment drug screen.

Thank you for considering a position with one or more of the separately incorporated companies that are associated with The Craig Zinn Automotive Group (which may be referenced herein as "Company" or "CZAG"). We appreciate the time you are dedicating to the completion of this application. It is important that you fully and accurately complete this application yourself and indicate the position(s) and company for which you wish to be considered.

**The following must be filled out completely for your application to be considered.**

*(Please Print)*

## PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Cellular Telephone: (\_\_\_\_) \_\_\_\_\_

Business Telephone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Please list the cities and corresponding state(s) in which you have lived during the past 7 years:

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Do you have a valid Driver's License? \_\_\_\_\_ YES \_\_\_\_\_ NO State in which your Driver's License was issued: \_\_\_\_\_

For identification, please provide Date of Birth (*Do Not Disclose Year of Birth*): \_\_\_\_\_ / \_\_\_\_\_  
Month Day

Last four of your Social Security Number: XXX-XX-\_\_\_\_\_

Have you used any name(s) other than that noted above? \_\_\_\_\_ YES \_\_\_\_\_ NO

Please List Other Name(s) Used: \_\_\_\_\_

Are you at least 18 years old? \_\_\_\_\_ YES \_\_\_\_\_ NO  
(If under 18 years of age, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? \_\_\_\_\_ YES \_\_\_\_\_ NO

If hired, would you have a reliable means of transportation to and from work? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you able to perform the essential functions of the job you are applying for with or without reasonable accommodation? \_\_\_\_\_ YES \_\_\_\_\_ NO

If no, describe the function(s) that cannot be performed: \_\_\_\_\_

## **EMPLOYMENT INFORMATION**

Position Desired: \_\_\_\_\_

Dealership/Location of interest: ☐ Acura of Pembroke Pines ☐ CZAG Dealer Services (Corporate) ☐ Lexus of North Miami  
☐ Lexus of Pembroke Pines ☐ Subaru of Pembroke Pines ☐ Toyota of Hollywood ☐ 441 Auto Rental

Available to work: ☐ Full-time ☐ Part-time ☐ Temporary (*e.g. summer or holiday*)

If applying for temporary work, during what period of time will you be available? From \_\_\_\_\_ To \_\_\_\_\_

What days and hours are you available to work?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Are you available to work overtime, if necessary? \_\_\_\_\_ YES \_\_\_\_\_ NO

If hired, on what date can you start work? \_\_\_\_\_

Compensation Desired \$\_\_\_\_\_ per ☐ Hour ☐ Week ☐ Month ☐ Year

Have you ever applied to or worked for any CZAG company before? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, when? \_\_\_\_\_

How were you referred to CZAG? \_\_\_\_\_

\_\_\_\_\_

Do you have any friends or relatives working for any company affiliated with CZAG? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, list name(s) and corresponding relationship:

\_\_\_\_\_

\_\_\_\_\_

Do you have any commitment to another entity or person that might affect your employment with CZAG (example a non-compete agreement)?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain:

\_\_\_\_\_

## **ATTENDANCE**

Is there any reason you would not be able to fully conform to all attendance requirements? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

## **EDUCATION, TRAINING AND SKILLS**

Name, City and State of Educational Institution	Graduated		If No, Degree Credits Earned	Type of Degree Received or Expected	Major	Minor
	Yes	No				
High School						
Technical/GED						
College or University						
Graduate School						
Licenses / Certifications / Other						

List any specific skills and/or computer software with which you are familiar, which may be applicable to the job you are applying for (eg; *Reynolds & Reynolds, ten key, etc.*):

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Please list any foreign languages you speak, read, and write, under the appropriate level of proficiency:

	A D V A N C E D				I N T E R M E D I A T E				B A S I C		
Language	Speak	Read	Write		Speak	Read	Write		Speak	Read	Write

Please describe any other experience, training, qualifications, and/or skills that make you especially suited to work at a CZAG company:

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## **MILITARY SERVICE**

Have you obtained any special skills or abilities as the result of service in the military?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please describe:

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## EMPLOYMENT HISTORY

Are you currently employed? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, may we contact your present employer? \_\_\_\_\_ YES \_\_\_\_\_ NO

Please read carefully:

- Provide a complete and accurate account of your employment history
- List all present and previous employers within the **last ten years**, beginning with your most recent employer
- Account for any gaps in employment
- All applicants must complete this section even if attaching a resume
- **DO NOT WRITE "SEE RESUME"**
- Attach any additional pages if more space is needed

(1)

Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

City/State: \_\_\_\_\_ Company Telephone: (\_\_\_\_) \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_

Please describe both your position and responsibilities:

\_\_\_\_\_

Earnings: Starting \$\_\_\_\_\_ ☐ Hourly ☐ Monthly ☐ Yearly Ending \$\_\_\_\_\_ ☐ Hourly ☐ Monthly ☐ Yearly

Was your separation voluntary or involuntary? ☐ Voluntary ☐ Involuntary

Please describe the exact reason for your separation:

\_\_\_\_\_

(2)

Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

City/State: \_\_\_\_\_ Company Telephone: (\_\_\_\_) \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_

Please describe both your position and responsibilities:

\_\_\_\_\_

Earnings: Starting \$\_\_\_\_\_ ☐ Hourly ☐ Monthly ☐ Yearly Ending \$\_\_\_\_\_ ☐ Hourly ☐ Monthly ☐ Yearly

Was your separation voluntary or involuntary? ☐ Voluntary ☐ Involuntary

Please describe the exact reason for your separation:

\_\_\_\_\_

(3)

Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

City/State: \_\_\_\_\_ Company Telephone: (\_\_\_\_) \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_

Please describe both your position and responsibilities:

Earnings: Starting \$\_\_\_\_\_ ☐ Hourly ☐ Monthly ☐ Yearly Ending \$\_\_\_\_\_ ☐ Hourly ☐ Monthly ☐ Yearly

Was your separation voluntary or involuntary? ☐ Voluntary ☐ Involuntary

Please describe the exact reason for your separation:

\_\_\_\_\_

(4)

Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

City/State: \_\_\_\_\_ Company Telephone: ( \_\_\_\_ ) \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_

Please describe both your position and responsibilities:

\_\_\_\_\_

Earnings: Starting \$\_\_\_\_\_ ☐ Hourly ☐ Monthly ☐ Yearly Ending \$\_\_\_\_\_ ☐ Hourly ☐ Monthly ☐ Yearly

Was your separation voluntary or involuntary? ☐ Voluntary ☐ Involuntary

Please describe the exact reason for your separation:

\_\_\_\_\_

(5)

Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

City/State: \_\_\_\_\_ Company Telephone: ( \_\_\_\_ ) \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_

Please describe both your position and responsibilities:

\_\_\_\_\_

Earnings: Starting \$\_\_\_\_\_ ☐ Hourly ☐ Monthly ☐ Yearly Ending \$\_\_\_\_\_ ☐ Hourly ☐ Monthly ☐ Yearly

Was your separation voluntary or involuntary? ☐ Voluntary ☐ Involuntary

Please describe the exact reason for your separation:

\_\_\_\_\_

Have you *ever* been involuntarily terminated or asked to resign from a job? \_\_\_\_\_ YES \_\_\_\_\_ NO

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

Did you receive any discipline in your last 12 months of active employment with your previous employer? \_\_\_\_\_ YES \_\_\_\_\_ NO

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

\_\_\_\_\_

Please describe why you would like a position with our Company:

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### **GAPS IN EMPLOYMENT HISTORY**

Please account for all periods of unemployment during the last ten years by listing both the exact period(s) of time and the corresponding reasons for unemployment.

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### **PROFESSIONAL REFERENCES**

List three persons not related to you, from either business or academic settings, who have knowledge of your professional performance abilities within the last three years.

(1)  
Reference Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Company/Institution Name: \_\_\_\_\_ Telephone: ( \_\_\_\_ ) \_\_\_\_\_

(2)  
Reference Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Company/Institution Name: \_\_\_\_\_ Telephone: ( \_\_\_\_ ) \_\_\_\_\_

(3)  
Reference Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Company/Institution Name: \_\_\_\_\_ Telephone: ( \_\_\_\_ ) \_\_\_\_\_

### **CRIMINAL HISTORY**

Please respond to the following questions in the most complete and accurate manner possible. You do not have to identify convictions in which you have confirmation that the criminal record has been expunged or sealed by the court. Furthermore, please note that no applicant will be denied employment solely on the grounds that they have been charged, committed, or convicted of (or pleaded guilty or no contest to) a criminal offense; or, solely on an affirmative answer. The nature, date, surrounding circumstances, and relevance of the offense to the position(s) applied for will be considered.

Have you ever, under your name or another name, pled guilty or "no contest" to a crime, been convicted of a crime, had adjudication withheld, prosecution deferred or do you have any criminal charges currently pending? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please fully explain when, where and of what you were convicted and the result of the case(s):

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## **AUTHORIZATION**

**Please Read Carefully, Initial Each Paragraph - Sign, Print Your Name and Date Below**

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### **CONFIRMATION OF HONEST AND ACCURATE COMPLETION**

By my signature and initials placed below, I promise that I have personally completed this application. I declare under penalty of perjury that the information provided in this employment application (and the accompanying resume, if applicable) is true and complete, and I understand that any false information or omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I understand that any job offer is conditional, based on the satisfactory review of my qualifications including any and all background or drug screening which may be required.

Initials \_\_\_\_\_

### **DRUG-FREE WORKPLACE SCREENING AND BACKGROUND CHECK**

If the Company makes a conditional job offer, I consent to a complete background check and give permission for a pre-employment drug screening exam.

Initials \_\_\_\_\_

### **OTHER EMPLOYMENT AND/OR ACTIVITIES**

I understand that, if hired, I may not hold other employment or engage in other activities that create a conflict of interest with my position with the Company, unless I have been given permission in writing by the Company.

Initials \_\_\_\_\_

### **NON-COMPETE & PROHIBITION AGAINST USE OF CONFIDENTIAL CUSTOMER INFORMATION**

I have not entered into any contractual agreement which would prohibit me from working the job for which I am now applying. I further represent that if I am hired, I will not use any confidential customer or trade-secret information from any of my former employers in carrying out my duties for CZAG.

Initials \_\_\_\_\_

### **AUTHORIZATION TO OBTAIN INFORMATION**

I voluntarily and knowingly authorize any present or past employer or supervisor, educational institution, administrator, law enforcement agency, state, local, or federal agency, credit bureau, collection agency, private business, military branch or the national personnel records center, personal reference, and/or any other persons to give records or information they may have concerning my criminal history, motor vehicle history, educational history, license history, employment history (including character, earnings, and reasons for termination), or any other information requested by the Company deemed pertinent to my employment.

Initials \_\_\_\_\_

### **RELEASE**

I voluntarily waive all recourse, and release any company, individual or organization from liability for complying with any request from the Company or agents of the Company (including any consumer reporting agency) to obtain any information from any source whatsoever relating to my application for employment.

Initials \_\_\_\_\_

### **NOTIFICATION AND COMPLIANCE**

I agree to immediately notify the Company if I should be convicted of a crime while my application is pending or during my employment, if hired. If I become employed, in consideration of my employment, I agree to comply with the rules, regulations, policies and procedures of the Company.

Initials \_\_\_\_\_

### **AGREEMENT FOR AT-WILL EMPLOYMENT**

I understand and agree that nothing contained in this application, or conveyed during any interview which may be granted, or during my employment if hired, is intended to create an employment contract between me and any company affiliated with CZAG. In addition, I understand and acknowledge that if employed, my employment will be at-will, for no definite or determinable period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time, for any reason or for no reason at all, with or without prior notice, at the option of the Company or me. I understand and agree that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the President of the Company at which I am employed. I promise that I have not relied, and will not rely, on any oral or written statements to the contrary. I understand and agree that this acknowledgment supersedes and replaces any other oral or written agreement or understanding to the contrary.

Initials \_\_\_\_\_

**I accept all provisions above and certify that all of the information provided on this application is true and accurate and I have not omitted any information.**

**Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_

*Thank you for completing this application. If there is a current opening for the position(s) you are seeking, and the information in your application suggests you meet minimum qualifications and are among the best qualified candidates for that position, you may be contacted for an interview. Selected candidates will be provided a conditional offer of employment contingent upon successful completion of a background check and pre-employment drug test. If there is no opening for the position(s) you are seeking, your application will be kept active for 30 days. If you wish to be considered for employment after that time, you must reapply. Thank you for your interest in employment with a Craig Zinn Automotive Group affiliated company.*

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It is the policy of each company affiliated with the Craig Zinn Automotive Group to consider all applications on the basis of merit without regard to race, color, religion, sex, age, citizenship, marital status, disability, national origin, sexual orientation, or any other protected characteristic. Furthermore, we comply with the ADA and provide reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential job functions.

**An Equal Opportunity Employer**

Form Revised 8/2016