APPLICATION FOR EMPLOYMENT **GAULT CHEVROLET COMPANY, INC.**

2507 North Street Endicott, N.Y. 13760-0360 607-748-8244

Please TYPE or PRINT clearly. This application must be completed and signed personally by the applicant. Each question must be answered in full. If answer is NO or NONE, indicate same. We appreciate your interest in us.

Gault Chevrolet Company, Inc. subscribes to all Federal and State statutes which prohibit discrimination. We consider all

	ications for all positions without regard bility, marital, genetic predisposition or					ation, nationa	l origin, age,
	,,	,					
NAN	ME: Last	First		M.I.			
PFI	RMANENT ADDRESS:						
	WILLIAM ABOUT						
Stre	et	City	State		Zip	Telephone Number	
Previous Addresses: Please include previous temporary and permanent addresses covering the last ten (10) years (use extra sheet if necessare Street Address County Dates						ary)	
Sileet Address		City	Otate County			Dates From	То
1.	Are you 18 years or older?		[]	yes []nc)		
2.	Are you employed now?		[] yes [] no				
	If so, may we inquire of your present e	mployer?	[]	yes [] no)		
3.							_/wk
4.	Other position(s) qualified for:						
5.	Are you legally eligible for employmen	t in the United States	? []	yes [] no)		
6.	Check shift you can work [] Full Time [] F	Part Time	[] Da	ay	[] Evening	[] Night
7.	Special Licenses or Certifications						
	Expiration Date						
8.	Have you been convicted of and/or ple	ead guilty to a Felony	or Misde	meanor in the	e past?	[] yes [] no
	If yes, please provide us, on the attached sheet of paper, with the specific nature and details of the crime(s), date(s), court location, sentencing information and disposition of sentence. (Please note: a conviction record will not necessarily be a bar to employment)						
9.	Have you ever been employed by the	GAULT CHEVROLET		ANY, INC.?	[] ye	es []no	
EDI	JCATION:						
Circ	le Highest Grade Completed:	Grade School	Hig	h School	Coll	ege	Graduate
		1 2 3 4 5 6 7 8	9 1	0 11 12	1 2	3 4	1 2 3 4
		Name and Location			Cou	ırse	Degree
High	School						
College							
Other Graduate, Business or Vocational School, or Other Training Skills:							
Milit	ary Service Branch:	Year	rs Served	d:	Rank	α:	

	EMPLOYMEN	T RECORD	(List mo	st recei	nt first)		
Name of Comp	pany	Address				Phone	
Dates of Employme	ent: From To _		Salary	Start:	\$	per	
Type of Business:			_			per	
Reason for Leaving	J						
	ur Duties and Responsibilities:						
Name of Comp	pany	Address				Phone	
Dates of Employme	ent: From To _		Salary	Start:	\$	per	
			-			per	
						-	
	J	·					
_	ur Duties and Responsibilities:						
Name of Comp	pany	Address				Phone	
Dates of Employment: From To _			Salary	Start:	\$	per	
Type of Business:				Last:	\$	per	
Your Position/Title		Supervisor _					_
Reason for Leaving	J						
	ur Duties and Responsibilities:						
Explain and give de	etails of any period of unemployr	nent longer tha	n 30 day	/s: (Use	addition	al sheet)	
	REFERENCES: (Other to	han relatives o	r forme	r emplo	yers) (L	ist Three)	
Name	Complete Address	Phon	е	Occupation	on	Y	ears Known
Name	Complete Address	Phon	Α	Occupation	nn .	Y	ears Known
Name	Odmpiete Address	1 11011		occupatio	2 11	•	cars ranown
Name	Complete Address	Phon	е	Occupation	on	Y	ears Known
any information provious from liability the emplowers furnishing such informatermination of employ of the date of paymer	fer of employment, I understand that ded on this application and authorized on this application and authorized and its representatives for seen ation. I understand that any misreyment if hired. I understand and agont of my wages or salary, be termin Signature o	ze investigation of eking such inform presentation, fals tree that, if hired, ated at any time	of my empation and interest of the control of the c	oloyment d all othe or omissi oyment is ny prior n	record ar r persons on is caus s for no de notice.	nd references. I here , corporations or orga se for voiding this app efinite period and ma	by release inizations for olication or
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ADDENDUM TO EMPLOYMENT APPLICATION		
Additional information regarding question #8. Conviction Record. If you answered Yes, and have been convicted of a felony or misdemeanor in the past, please provide additional information such as the date of the offense, the seriousness and nature of the offense and rehabilitation completed.		
Offense (Describe what happened?):		
Where (City/State?):		
When (Month/Year?):		
Disposition (Fine Conditional Dispharge Probation Community Service Incorporation etc.):		
Disposition (Fine, Conditional Discharge, Probation, Community Service, Incarceration, etc.):		
Applicant Signature: Date:		
(Please note: A conviction record will not necessarily be a bar to employment. Factors such as seriousness and nature of the violation and rehabilitation will be taken into account).		