



EMPLOYMENT APPLICATION

Applicants will receive consideration without regard to protected class status.

P E R S O N A L	Full Legal Name			Date
	Last Name	First	Middle	
	Street Address			Home Telephone ()
	City, State, Zip			Business Telephone ()
	Email Address			Mobile Telephone ()
	Have you ever applied for employment with us? Have you ever been employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Dates _____			Pay Expected
	Position Desired			Will you be able to work overtime, if required? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you available for full time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			When will you be available to begin work? _____
Other special training or skills (languages, machine operation, etc.)				

NOTICE TO APPLICANTS FOR EMPLOYMENT RE: DRUG TESTING

- As part of the application process for employment with Hoffman Auto Group you will be required to submit to and pass a urinalysis drug test.
- You will be mailed a copy of any positive drug test result at the above address unless you indicate another address here:

- Such test will be paid for by Hoffman Auto Group.

HOFFMAN AUTO GROUP MAY LAWFULLY DENY YOUR APPLICATION FOR EMPLOYMENT IF YOU REFUSE TO SUBMIT TO THE REQUIRED DRUG TEST, OR IF YOU SUBMIT TO THE REQUIRED DRUG TEST AND ITS RESULT IS POSITIVE.

I have read and understand the contents of this Notice concerning drug testing in connection with my application for employment with Hoffman Auto Group.

Signature of Applicant

Printed Name of Applicant

Date Signed

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	Graduate					
	College					
	Business/Trade/ Technical					
	High School					
	Elementary					

THIS APPLICATION REMAINS ACTIVE FOR SIX MONTHS. FOR FURTHER CONSIDERATION YOU MUST RE-APPLY.

NOTE: ALL INFORMATION IS REQUIRED. DO NOT LEAVE BLANK SPACES

EMPLOYMENT:

**Include the last 10 years. Include full and part time employment.
All information will be verified for accuracy.**

**P
R
E
S
E
N
T**

Company Name

Telephone

()

Address

Employed (State Month and Year)

From To

Name of Supervisor

Weekly Pay

Start Last

State Job Title and Describe Your Work

Reason for Leaving

2

Company Name

Telephone

()

Address

Employed (State Month and Year)

From To

Name of Supervisor

Weekly Pay

Start Last

State Job Title and Describe Your Work

Reason for Leaving

3

Company Name

Telephone

()

Address

Employed (State Month and Year)

From To

Name of Supervisor

Weekly Pay

Start Last

State Job Title and Describe Your Work

Reason for Leaving

4

Company Name

Telephone

()

Address

Employed (State Month and Year)

From To

Name of Supervisor

Weekly Pay

Start Last

State Job Title and Describe Your Work

Reason for Leaving

**We may contact the employers listed
above unless you indicate those you do
not want us to contact.**

DO NOT CONTACT

Employer Number(s) _____ Reason _____

MILITARY

Did you serve in the
U.S. Armed Forces?

☐ Yes

☐ No

If "Yes," in what branch?

Describe any training received relevant to the position for which you are applying.



To Whom It May Concern:

I have applied for employment with Hoffman Auto Group. I completed an employment application containing various information regarding my current and past employment history.

I authorize Hoffman Auto Group to verify the information provided on the application for employment.

I further authorize Hoffman Auto Group to contact any persons I have listed as references to obtain information about me, which will be used in determining my eligibility for employment with Hoffman Auto Group.

I authorize you to provide Hoffman Auto Group any and all information that they request. Such information may include, but is not limited to, dates of employment, position(s) held, salary, reason for separation, eligibility for rehire.

A photocopy or faxed copy of this document may be accepted as the original.

I release you and Hoffman Auto Group from any and all liability of any sort flowing from the release of this information.

Your prompt reply to Hoffman Auto Group is appreciated.

Print Name

Signature

Date Signed

**Lexus • Audi • Porsche • Lincoln • Saab
Ford • Used Car SuperStore • Autobody Shop**
600-750 Connecticut Blvd.
East Hartford, CT 06108
(860) 289-7721

**Toyota • Honda • Nissan
Scion • Autobody Shop**
36-46 Albany Turnpike
West Simsbury, CT 06092
(860) 651-3725

**Audi of
New London**
490 Broad Street
New London, CT 06320
(860) 447-5000

CONSUMER DISCLOSURE AUTHORIZATION FOR BACKGROUND INVESTIGATION

I understand that **Hoffman Auto Group** will utilize the services of a consumer-reporting agency as part of the procedure for processing my application for employment. I also understand if my application for employment is granted, **Hoffman Auto Group** may obtain further information through subsequent investigations by a consumer-reporting agency so as to update, renew or extend my employment.

I understand a consumer-reporting agency's investigation may include obtaining information covering up to the last seven years, regarding my credit background, motor vehicle history, references, character, past employment, work habits, education, general reputation, personal characteristics, mode of living, civil judgments, and liens, as well as any information about my criminal conviction background consistent with federal and state law.

I understand such information may be obtained by direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

I also understand that before I am denied employment, based in whole or part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify **Hoffman Auto Group** within two days of my receipt of the report. If I notify **Hoffman Auto Group** within two days of the receipt of the report, that I am challenging information in the report, **Hoffman Auto Group** will not make a final decision on my employment status until after I have had reasonable opportunity to address the information contained in the report.

I hereby consent to this investigation and authorize **Hoffman Auto Group** to procure a report on my background as stated above from a consumer-reporting agency.

A photocopy or faxed copy of this document may be accepted as the original.

Print Name

Signature

Date Signed

LEGAL INFORMATION

Have you ever been convicted of a crime? ☐ Yes ☐ No

(A conviction will not necessarily be a bar to employment.)

If you answered “Yes,” please describe the nature of the offense(s), the date of the convictions and the nature of any rehabilitation.

Note: You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes Sections 46b-146, 54-76o or 54-142a. Criminal records subject to erasure pursuant to Connecticut General Statutes Sections 46b-146, 54-76o or 54-142a are records related to (a) determinations of “delinquency” or that, as a child, you were a member of a family with service needs, (b) a ruling you are a “youthful offender”, (c) a finding you are not guilty for a criminal charge, or (d) a conviction for which you have received an “absolute pardon”. Any person whose criminal records have been erased pursuant to Connecticut General Statutes Sections 46b-146, 54-76o or 54-142a shall be deemed to never have been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

Are you legally employable in the United States? ☐ Yes ☐ No

What was your previous address?

How long at present address? _____

How long at previous address? _____

Are you of legal age to work in the position for which you applied? ☐ Yes ☐ No

State names of relatives and friends working for us:

Print Name

Signature

Date Signed

JOB INFORMATION & AUTHORIZATION

How did you hear about the job?

- | | |
|--|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Hoffman Auto Group Website |
| <input type="checkbox"/> Social Media site (Facebook, LinkedIn, etc.) | <input type="checkbox"/> Other website (Dealer.com, CareerBuilder.com, etc.) |
| List Social Media Site _____ | List Website _____ |
| <input type="checkbox"/> Referred by an employee, friend, relative, etc. | <input type="checkbox"/> School posting |
| Name of Person _____ | List School _____ |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Internal posting (Open Position Flyer) |
| List Newspaper _____ | <input type="checkbox"/> Other _____ |

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- **DRUG TEST MUST BE TAKEN WITHIN 36 HOURS OF JOB OFFER**
 - **IS THIS APPLICATION COMPLETED ENTIRELY AND SIGNED ON PAGES 1, 3, 4, 5 AND 6?**
 - **IF YOU APPLIED FOR A POSITION THAT INCLUDES DRIVING, DID YOU INCLUDE A PHOTOCOPY OF YOUR DRIVER'S LICENSE?**
 - **EMPLOYMENT DECISION WILL BE BASED ON THE EVALUATION OF ALL INFORMATION GATHERED DURING THE PROCESS.**
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I understand that acceptance of an offer of employment does not create a contractual obligation upon Hoffman to continue to employ me in the future, and that my employment is at will. Employment at will means that you may quit at any time with or without notice, with or without cause and Hoffman Auto Group may similarly terminate your employment with or without notice, with or without cause.

I hereby declare that the answers to the questions on my application and related paperwork which I have been asked to complete, and any attachments to same, are true and correct and that any misstatements of fact(s) or omissions may form the basis for rejection of my application or for my dismissal after employment.

Print Name

Signature

Date Signed

INTERVIEWER COMMENTS

Interviewed by: _____

JOB OFFER INFORMATION

Position _____

Reports To _____

Hours _____

Pay _____ per ☐ hour ☐ week

Start Date _____ pending reference, criminal and MVR checks, and drug test results