



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? <input type="checkbox"/> Yes <input type="checkbox"/> No			Pay Expected
	Have you ever been employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates _____			
	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

1. 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.
2. You will be mailed a copy of any positive drug test result at the above address unless you indicate another address here:

3. 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.

_____ <i>Signature of Applicant</i>	_____ <i>Printed Name of Applicant</i>	_____ <i>Date Signed</i>
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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)
	Name of Supervisor	From To Weekly Pay
	State Job Title and Describe Your Work	Start Last Reason for Leaving

2	Company Name	Telephone
	Address	() Employed (State Month and Year)
	Name of Supervisor	From To Weekly Pay
	State Job Title and Describe Your Work	Start Last Reason for Leaving

3	Company Name	Telephone
	Address	() Employed (State Month and Year)
	Name of Supervisor	From To Weekly Pay
	State Job Title and Describe Your Work	Start Last Reason for Leaving

4	Company Name	Telephone
	Address	() Employed (State Month and Year)
	Name of Supervisor	From To Weekly Pay
	State Job Title and Describe Your Work	Start Last 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.



www.hoffmanauto.com

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 • BMW • Porsche • Lincoln
Ford • Used Car SuperStore • Autobody Shop**
600-750 Connecticut Boulevard
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

**BMW of
Watertown**
699 Straits Turnpike
Watertown, CT 06795
(860) 274-7515

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 a 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

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.**

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

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ►

Date

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