

Inver Grove



www.invergroveford.com

APPLICATION FOR EMPLOYMENT

PLEASE PRINT ANSWERS TO THE FOLLOWING QUESTIONS. TO BE CONSIDERED FOR EMPLOYMENT, ALL ITEMS MUST BE COMPLETED.

Position Desired _____ Date: _____
Month Day Year
Date available to start work: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT'S STATEMENT

I certify that the information provided on the application is true and complete. I agree that if there is any misrepresentation or omission concerning the information on this application, any offer of employment to me may be withdrawn, and if I have already been hired, my employment may be terminated.

I understand that any offer of employment by this dealership is contingent upon (1) my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States, (2) successful completion of any preplacement physical exam and/or drug/alcohol test that may be required by the dealership, and (3) proof of valid driver's license and satisfactory driving record. I understand that my employment may be terminated at any time if the dealership determines or is notified by its insurer that I do not have a valid driver's license or a satisfactory driving record.

No promises concerning the nature or length of my employment have been made to me. If I am hired, I understand that I have the right to terminate my employment at any time and for any reason. Unless I am covered by a collective bargaining agreement containing a contrary provision, I also understand that no one employed by the dealership has the same right to terminate my employment at any time and for any reason. I understand that no one employed by the dealership has the authority to modify these conditions. I hereby release all persons, past and present employers, and educational institutions from any liability to me if they supply information to this dealership as part of an investigation.

My signature reflects that I have read, understood, and have agreed to these terms and conditions. I understand that this application will be considered active for only thirty (30) days, and that if I wish to be considered for employment after that, I must submit a new application

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

Signature of Applicant

PERSONAL DATA

Name: _____
(Print) Last Name First Middle
Present Address: _____
Street and Number
City State Zip
Telephone No. () _____
Area Code
Social Security Number: _____
Are you 18 years of age or older? Yes No

PERSONAL DATA (CONTINUED)

Are you legally authorized to work in the United States? Yes No

Have you ever worked here before? Yes No If yes, give dates and position _____

Do you have any friends or relatives, other than spouse, working here? Yes No

If yes, Name: _____ Relationship: _____

How would you get to and from work? _____

Do you have a valid driver's license? Yes No

License No. _____ State _____ Expiration Date _____

Have you been cited for a traffic violation of any kind within the last FIVE years? Yes No

If yes, please give date and details: _____

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? Yes No

If yes, please give date and details of each: _____

NOTE: Answering "yes" to this question does not constitute an automatic bar to employment.

EDUCATION

Type of School	Name and Address	No. of Years Completed	Graduated	Course of Study Or Major
High School	Name: _____ Address: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	Name: _____ Address: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational or Trade	Name: _____ Address: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Education or Training				

TO BE COMPLETED BY APPLICANTS FOR CLERICAL OR ADMINISTRATIVE POSITIONS

Do you type? Yes No If yes, how many words per minute? _____

Do you take shorthand? Yes No If yes, how many words per minute? _____

Business machine experience: _____

Bookkeeping experience: _____

Have you ever been bonded? Yes No Name of bonding company: _____

Have you ever been refused bonding? Yes No If yes, provide details: _____

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of all of your previous employers in chronological order with present or last employer listed first. Do not omit any past employer. Be sure to account for all periods of time including military service, and any period of unemployment. If more space is needed, you must attach an additional page to this application so that you can include all past employment, military, service, etc.

<u>Name of Last Employer</u>	<u>Employed</u> From (mo./yr.)	<u>Pay</u> Start \$	<u>Your Position(s)</u>	<u>Reason for Leaving</u>
Address:	To (mo./yr.)	Final \$	<u>Name of Last Supervisor</u>	
City, State, Zip Code				
Telephone				

<u>Name of Last Employer</u>	<u>Employed</u> From (mo./yr.)	<u>Pay</u> Start \$	<u>Your Position(s)</u>	<u>Reason for Leaving</u>
Address:	To (mo./yr.)	Final \$	<u>Name of Last Supervisor</u>	
City, State, Zip Code				
Telephone				

<u>Name of Last Employer</u>	<u>Employed</u> From (mo./yr.)	<u>Pay</u> Start \$	<u>Your Position(s)</u>	<u>Reason for Leaving</u>
Address:	To (mo./yr.)	Final \$	<u>Name of Last Supervisor</u>	
City, State, Zip Code				
Telephone				

<u>Name of Last Employer</u>	<u>Employed</u> From (mo./yr.)	<u>Pay</u> Start \$	<u>Your Position(s)</u>	<u>Reason for Leaving</u>
Address:	To (mo./yr.)	Final \$	<u>Name of Last Supervisor</u>	
City, State, Zip Code				
Telephone				

Have you ever been discharged, laid off, or asked to resign from any job? Yes No

If yes, please explain circumstances: _____

Please explain fully any periods in your employment history where you were not employed: _____

May we contact your current employer? Yes No If no, please explain: _____

PERSONAL REFERENCES

Name	Occupation	Address (Street, City and State)	Telephone Number

ADDITIONAL INFORMATION - Please indicate any actual experience you have in any of the following positions:

OFFICE

- Office Manager
- Bookkeeper
- Accounts Receivable
- Accounts Payable
- Payroll Clerk
- Tag/Title Clerk
- Warranty Clerk
- Data Entry
- Cashier

SALES/LEASING

- Sales Manager
- Sales Person (New Car)
- Sales Person (Used Car)
- Sales Person (Truck)
- F&I Manager
- Leasing Manager
- Fleet Manager
- Truck Manager
- Used Car Manager

SERVICE AND REPAIR

- Service Manager
- Service Writer/Advisor
- Dispatcher
- Shop Foreman
- Mechanical/Technician
- Electrician
- Helper
- Painter
- Body Repair

PARTS

- Parts Manager
- Parts Counter
- Parts Stocker
- Parts Driver

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Date

Signature of Applicant



APPLICANT: Complete and sign

RELEASE TO GIVE REFERENCE TO PROSPECTIVE EMPLOYER

In order to provide _____ with
(Name of Dealership)
information and opinions that may be useful to this prospective employer in its hiring
decisions, I authorize any person, school, current or past employer, organization or entity
disclosed in my resume, application, or interview to provide any information and opinion
which may include, but is not limited to, my dates of employment, title, job classification,
compensation history, reasons for leaving, job-related knowledge and skills, job
performance, attendance record, disciplinary action and character. I acknowledge that the in-
formation divulged may be negative or positive with respect to me.

A photocopy of this signed Release shall have the same force and effect as the original Re-
lease signed by me.

Name (please print)

Signature

Date: _____