

Employment Application



SUBARU | HYUNDAI

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you legally authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever applied to or worked for this Company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted, pled guilty or pled "No Contest" to a felony or misdemeanor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please state the nature of the crime(s), when and where conviction and disposition of the case:		

Note: A conviction or prior criminal record will not necessarily disqualify you from employment. The date of the offense, nature of the offense, including any significant details that affect the description of the event, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered. DO NOT include information about convictions that may have been expunged, sealed or otherwise pursuant to any Federal or State statute.

Do you have a reliable means of transportation to and from work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain	
Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	License #/State	Expiration Date
Have you had any moving violation of any kind in the last 3 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how many?	

Describe

EDUCATION

School Type	School Name	Mailing Address	# of years completed	Major & Degree
High School				
College				
Bus / Trade				

REFERENCES - PLEASE LIST THREE PROFESSIONAL REFERENCES

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

PREVIOUS EMPLOYMENT					
Company			Phone		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities / Skills					
From	To	Reason for Leaving (Be Specific)			
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company			Phone		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities / Skills					
From	To	Reason for Leaving (Be Specific)			
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company			Phone		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities / Skills					
From	To	Reason for Leaving (Be Specific)			
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

MILITARY SERVICE					
Have you ever served in the Armed Forces?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you now a member of the National Guard?	
		YES <input type="checkbox"/>			NO <input type="checkbox"/>
Specialty		Date Entered		Discharge Date	

DISCLAIMER AND SIGNATURE	
<p>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.</p> <p>I authorize the verification and investigation of any or all of the information listed above.</p> <p>I have read this employment application and I fully understand its contents. I hereby certify that all of the information that I have provided on this application is true and accurate, and that I have not omitted any of the information called for. I understand that any false statements or omissions made by me in connection with this application, in interviews, or in responding to further requests for information is sufficient grounds for my rejection as an applicant or my dismissal if I have been hired, regardless of when the falsity or omission is discovered.</p>	
Signature	Date

ADDITIONAL INFORMATION

Please indicate any actual experience you have in any of the following positions.

OFFICE	SALES/LEASING	SERVICE/ REPAIR	PARTS
<input type="checkbox"/> Office Manager	<input type="checkbox"/> Sales Manager	<input type="checkbox"/> Service Manager	<input type="checkbox"/> Parts Manager
<input type="checkbox"/> Bookkeeper	<input type="checkbox"/> Sales Person (New Car)	<input type="checkbox"/> Service Writer/Advisor	<input type="checkbox"/> Parts Counter
<input type="checkbox"/> Accounts Receivable	<input type="checkbox"/> Sales Person (Used Car)	<input type="checkbox"/> Dispatcher	<input type="checkbox"/> Parts Stocker
<input type="checkbox"/> Accounts Payable	<input type="checkbox"/> Sales Person (Truck)	<input type="checkbox"/> Shop Foreman	<input type="checkbox"/> Parts Driver
<input type="checkbox"/> Payroll Clerk	<input type="checkbox"/> F & I Manager	<input type="checkbox"/> Mechanic/ Technician	
<input type="checkbox"/> Tag/Title Clerk	<input type="checkbox"/> Leasing Manager	<input type="checkbox"/> Electrician	
<input type="checkbox"/> Warranty Clerk	<input type="checkbox"/> Fleet Manager	<input type="checkbox"/> Helper	
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Truck Manager	<input type="checkbox"/> Painter	
<input type="checkbox"/> Cashier	<input type="checkbox"/> Used Car Manager	<input type="checkbox"/> Body Repair	
		<input type="checkbox"/> Detail	

PLEASE READ CAREFULLY

APPLICANT'S STATEMENT

(Please initial each numbered item as read)

_____ 1. I understand that this application is not a promise of employment.

_____ 2. I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice or cause and the Company has the same right. No one other than the president of the Company has the authority to modify this employment-at-will relationship or to make any agreement to the contrary. Any such modification or agreement must be in writing and signed by the authorized agent.

_____ 3. I understand that the Company is committed to maintaining a drug and alcohol free workplace. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to such testing and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

_____ 4. I hereby authorize the Company to obtain from schools, former and current employers, government agencies or other individuals or institutions it contacts, any information in their possession regarding any of the subjects covered by this application, including without limitation, my employment history or qualifications for the job for which I have applied, my driving record and my criminal record, regardless of whether the information is favorable or unfavorable to me. I promise to hold harmless, covenant not to sue and release the Company, the entities and individuals contacted and their agents from any and all liability which may directly or indirectly result or flow from the obtaining and use, disclosure and/or dissemination of such information.

_____ 5. I also understand that the Company may obtain an investigative consumer report including information as to my character, general reputation, personal characteristics and mode of living obtained through personal interviews with my neighbors, friends or associates or others with whom I am acquainted or who may have knowledge of such information. If such a report is obtained, I understand that I will be provided written notice mailed or delivered to me not later than three days after the date on which the report was first requested, and that this notice will summarize my rights under the Federal Fair Credit Reporting Act in accordance with Section 1681g(c) of the Federal Fair Credit Reporting Act and my right to obtain the disclosure of the nature and scope of the information requested in the investigation consumer report. I further understand that if it is determined that the contents of this report may disqualify me for employment, a copy of this report also will be provided to me.

_____ 6. I hereby state that all of the information that I provide on this application and in any interview or in responding to any requests for information is true and accurate. I understand that any false statements or omissions made by me in connection with this application, or in responding to further requests for information, is sufficient grounds for my rejection as an applicant or my dismissal if I have been hired, regardless of when the falsity or omission is discovered. If I am employed and any such information is later found to be false in any respect, I may be dismissed.

Signature of Applicant

Date