



KEYES CHEVROLET, INC.  
303 OAK AVENUE  
MENOMONIE, WI 54751  
(715) 235-2601  
CHEVYTOWNUSA.COM

## APPLICATION FOR EMPLOYMENT

ISSUED BY:  
DATE:

### PERSONAL INFORMATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
Last First Middle  
STREET \_\_\_\_\_ PHONE \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ SSN \_\_\_\_\_

Are you legally eligible for employment in the U.S.?

☐ Yes ☐ No

Do you have a valid driver's license?

☐ Yes ☐ No

\*\*Verification will be required\*\*

Are you of legal age to work?

☐ Yes ☐ No

Position(s) applying for: \_\_\_\_\_

Desired Salary: \$ \_\_\_\_\_

Please check type(s) of employment desired:

☐ Permanent Full-time ☐ Temporary Full-Time ☐ Permanent Part-time ☐ Temporary Part-time

Were you previously employed by Keyes Chevrolet?

☐ Yes ☐ No

If yes, when? \_\_\_\_\_

Do you currently have relatives working at Keyes Chevrolet?

☐ Yes ☐ No

If yes, who? \_\_\_\_\_

Have you ever been convicted of a felony?\*

☐ Yes ☐ No

If yes, explain.

For what, when, and where? (\*The existence of a criminal record will not automatically disqualify you from the job in which you are applying for.)

In case of an emergency, please notify: \_\_\_\_\_  
Name Phone

Are there any other experiences, skills or qualifications that will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and/or State laws preclude obtaining in the pre-employment stage.)

### RECORD OF EDUCATION

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	DIPLOMA/DEGREE
HIGH SCHOOL			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER (SPECIFY)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PLEASE COMPLETE THE FOLLOWING QUESTIONS:

What are your long term professional goals?

Define “team work”?

Explain how you would achieve customer service?

APPLICANT’S STATEMENT

\*\*\*Please read before signing.\*\*\*If you have any questions regarding the following statements, please ask before signing.  
By signing my name below, I certify that all statements made on this application are true and complete to the best of my knowledge. I have not withheld any information requested on this form. I authorize Keyes Chevrolet to contact each of my employers, except those indicated, as well as schools and law enforcement agencies to obtain information needed to consider for my employment. I understand that misrepresentation or omission of this information can affect the outcome of the decision to be hired or cause termination of employment. This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time and to update or re-apply for a position.

I hereby understand and acknowledge that nothing contained in this employment application or the granting of an interview is intended to create an employment contract between myself and Keyes Chevrolet for either employment or the promise of any benefit. No promises regarding continued employment have been made to me. I understand that such promises or guarantees from Keyes Chevrolet are not binding unless in writing.

Applicant’s Signature

Date

Keyes Chevrolet is an Equal Opportunity Employer. Keyes Chevrolet does not discriminate in hiring on the basis of race, color, religion, national origin, sex, age, handicap or veteran status.

Please read, complete, sign and date the following statement only if checked, indicating it is a job requirement for the position you are applying.

- ☐ I give permission for an investigation of my current credit standing, which I accept as a condition of my employment.
- ☐ I give permission for verification of my driver’s license record, which I accept as a condition for employment.

Driver’s License No.

State

Expiration Date

Applicant’s Signature

Date

## WORK EXPERIENCE

COMPANY NAME & ADDRESS	FROM MO/YR	TO MO/YR	STARTING SALARY	ENDING SALARY	NAME OF SUPERVISOR
DESCRIBE THE WORK YOU DID:				MAY WE CONTACT: <input type="checkbox"/> Yes <input type="checkbox"/> No PHONE NUMBER:	

COMPANY NAME & ADDRESS	FROM MO/YR	TO MO/YR	STARTING SALARY	ENDING SALARY	NAME OF SUPERVISOR
DESCRIBE THE WORK YOU DID:				MAY WE CONTACT: <input type="checkbox"/> Yes <input type="checkbox"/> No PHONE NUMBER:	

Please explain why you would prefer us not to contact a past or present employer:

Account for all periods of unemployment to date, if the duration of unemployment was more than one month:

## BUSINESS / PROFESSIONAL REFERENCES (not relatives)

NAME	OCCUPATION	BUSINESS
ADDRESS		PHONE NUMBER

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ADDRESS		PHONE NUMBER

NAME	OCCUPATION	BUSINESS
ADDRESS		PHONE NUMBER

## PERSONAL REFERENCES (not relatives)

NAME	OCCUPATION	BUSINESS
ADDRESS		PHONE NUMBER

NAME	OCCUPATION	BUSINESS
ADDRESS		PHONE NUMBER