

# Kline Motors, Inc.

## Application for Employment

Position Desired	Full Time	Salary Desired	Available Date
	Part Time		

### WE ARE AN EQUAL OPPORTUNITY EMPLOYER

#### APPLICANT'S STATEMENT

I understand that this application will be given every consideration, but not a promise of employment.

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 without notice, and the Company has that same right. No one other than the President of the Company has the authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a medical examination, including a drug/alcohol test, prior to employment and at any time during my employment, to the extent permitted by law. I also understand that I may be required to take other tests, such as personality and honesty tests, prior to employment and during my employment.

I understand that the Company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, and with other with whom I am acquainted or know me. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable amount of time to receive detailed information about the nature and the scope of this investigation. I further understand that the Company may contact my previous employer and I authorize those employers to disclose to the Company all records pertinent to my employment with them. In addition to authorizing the release of any information regarding employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the company, and release them from any and all liabilities, claims or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I hereby state that all the information that I provide on this application and in any interview is true and accurate. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT**

\_\_\_\_\_  
Signature of Applicant

### PERSONAL DATA (Please Print)

Last Name	First Name	Middle Initial	Social Security Number	Home Telephone Number		
Present Address						
City	State	Zip	How Long at This Address?			
Previous Address						
City	State	Zip	How Long at This Address?			
Email						
Who Referred You To This Company						
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Friend	<input type="checkbox"/> Employment	<input type="checkbox"/> Walk In	<input type="checkbox"/> Internet	Other _____

Are you 18 years of age or older?

Have You ever worked for this Company before?  Yes  No If yes, please give dates and position \_\_\_\_\_

Do you have any friends or relatives working here?  Yes  No If yes, Name \_\_\_\_\_ Relationship \_\_\_\_\_

Do you have means of transportation that will allow you to consistently arrive at work on time?  Yes  No

If a Drivers License is required for the SPECIFIC position for \_\_\_\_\_ which you are applying do you have a valid drivers license?  Yes  No License No. \_\_\_\_\_ State Issued \_\_\_\_\_

Have you been found guilty of a traffic violation of any kind within the last FIVE years?  Yes  No If yes please give date and details.

Have you ever plead guilty or "no contest" to a crime?  Yes  No If yes, give date and details on each:

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

<b>EDUCATION</b>												
	High School				College/University				Graduate/Professional			
School Name												
Years Completed (Circle)	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Coarse of Study/ Major												
Describe Specialized Training, Military Experience, Special Computer Skills, Extra-Curricular Activities, Including Honors and Awards												

(For additional information use separate sheet)

**GENERAL INFORMATION**

Can you provide documentation that you have the right to work in the United States?     Yes     No    \_\_\_\_\_ (Your Initials)

List all Computer programs in which you are proficient: \_\_\_\_\_

Can you type?     Yes     No    If yes, please provide your average speed: \_\_\_\_\_ words per minute.

Are You available to work evenings and weekends if necessary?     Yes     No

Are you capable of completely performing the SPECIFIC job duties required of the position for which you are applying?     Yes     No

Can you meet the SPECIFIC attendance requirements of the job for which you are applying?     Yes     No

Did you have any unauthorized absences from your last job?     Yes     No

Do you currently use illegal drugs?     Yes     No

Have you illegally used drugs in he past two years?     Yes     No

Have you ever been convicted for the use, sale, or possession of illegal drugs?     Yes     No

Have you submitted any letters of recommendation you may have from previous employers?     Yes     No

Any additional comments concerning above information: \_\_\_\_\_

**EMERGENCY INFORMATION**

In case of an accident or emergency, who should we contact?

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone \_\_\_\_\_  

Street
City
State

Work Address \_\_\_\_\_ Telephone \_\_\_\_\_  

Street
City
State

**RECORD OF PREVIOUS EMPLOYMENT**

Please list the names of your previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Name of Present or Last Employer	<b>EMPLOYMENT</b> From (Mo/Yr) To (Mo/Yr)		Your Title or Position	Reason for Leaving
Address				
City, State, Zip Code	<b>PAY</b> Start Final		Name of Last Supervisor	
Telephone				
Name of Present or Last Employer	<b>EMPLOYMENT</b> From (Mo/Yr) To (Mo/Yr)		Your Title or Position	Reason for Leaving
Name of Present or Last Employer				
City, State, Zip Code	<b>PAY</b> Start Final		Name of Last Supervisor	
Telephone				
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Address				
City, State, Zip Code	<b>PAY</b> Start Final		Name of Last Supervisor	
Telephone				

Have you ever been terminated or asked to resign from any job?      Yes      No      If yes, please explain circumstances:  
 \_\_\_\_\_  
 \_\_\_\_\_

Please explain fully any gaps in your employment history: \_\_\_\_\_  
 \_\_\_\_\_

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

**CHARACTER REFERENCES**

List persons who know you well-Not previous employers or relatives

NAME	OCCUPATION	ADDRESS (Street, City, and State)	PHONE NUMBER	YEARS KNOWN

**ADDITIONAL INFORMATION-Please indicate any actual experiences you have in the following areas**

OFFICE		SALES/LEASING		SERVICE & REPAIR		PARTS	
Office Manager		Sales Manager		Service Manager		Parts Manager	
Bookkeeper		Sales Person (New)		Service Writer/Advisor		Parts Counter	
Accounts Receivable		Sales Person (Used)		Dispatcher		Parts Stocker	
Accounts Payable		Sales Person (Truck)		Shop Foreman		Parts Driver	
Payroll Clerk		F&I Manager		Mechanic		Other	
Tag/Title Clerk		Leasing Manager		Electrician		<b>OTHER</b>	
Warranty Clerk		Fleet Manager		Helper		Machinist	
Data Entry		Truck Manager		Painter		Porter/Janitor	
Cashier		Used Car Manager		Body Repair		Security	
Receptionist		Rentals		Reconditioning/Detail		Driver/Messenger	
Other		Other		Other		Maintenance	

**DO NOT WRITE IN THIS SPACE – FOR INTERVIEWER USE ONLY**

Interviewed by:	Department:	Date:
Comments: _____		
_____		
_____		
_____		
Date Hired:	For Position:	For Department:
Starting Wages	Per.	Supervisor to Report to:

**This application will be considered active for a maximum of 30 days . If you still wish to be considered for employment after that time, you must reapply.**

I understand and agree that as a condition of Employment, I may be required to successfully complete a drug and/or alcohol screening test before becoming an employee. In addition, the company reserves the right to administer a drug and/or alcohol screening to any/all employees at anytime during their employment for any(or no) reason.

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

DATE

SIGNATURE OF APPLICANT