

# APPLICATION FOR EMPLOYMENT

Position Desired \_\_\_\_\_ Date \_\_\_\_\_

## PLEASE READ BEFORE FILLING OUT THIS APPLICATION

No question on this application is intended to secure information to be used for a discriminatory purpose, as this company is an equal employment opportunity employer and does not discriminate on the basis of race, color, religion, sex, citizenship, national origin, age, veteran, Reserve, National Guard, marital status, disability, genetic information, or any other legally protected status. No policy is intended to violate any protection under state or federal law.

### APPLICANT'S STATEMENT OF UNDERSTANDING AND AUTHORIZATION:

I understand that this application will be given every consideration, but its receipt does not imply that I will be employed.

I understand that I may choose to leave any portion of the application incomplete or blank and that the following information is given voluntarily.

I understand and authorize the company to obtain a consumer report on my financial and credit record as well as an investigative consumer report whereby information is obtained through personal interviews with neighbors, friends and others with whom I am acquainted. This investigation 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 period of time to receive additional, detailed information about the nature and scope of this investigative consumer report. I give my permission to the company to contact any of the former employers or references shown below to verify the information I have given and I authorize previous employers to release all records of my employment, including assessments of my job performance, ability and fitness.

I authorize the company to obtain a Motor Vehicle Record (MVR) report.

I understand that the company reserves the right to require a conditional offer of employment medical examination as well as periodic physical or medical examinations, a pre-employment as well as post-employment drug/alcohol test, to the extent permitted by law.

I hereby state that the information given by me in this application is true in all respects, and I agree that if I am employed and the information is found to be false in any respect that I may be dismissed.

Should I be employed I understand that such employment is at-will and will not result in an employment contract.

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

## I. PERSONAL DATA

- Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Print) Last Name First Middle
- Present Address \_\_\_\_\_  
Street and Number City State Zip Code
- Previous Address \_\_\_\_\_  
Street and Number City State Zip Code
- Email Address \_\_\_\_\_ Cell Phone No. \_\_\_\_\_
- Home or Nearest Telephone No. \_\_\_\_\_ Emergency Phone No. \_\_\_\_\_
- Are you over the age of 18? Yes [ ] No [ ] If no, employment is subject to verification that applicant is of minimum legal age.
- Can you, after employment, provide proof of eligibility or authorization to work in the United States? Yes [ ] No [ ]
- You will be required to complete an I-9 form upon hire.
- If a driver's license is required for the position for which you are applying,  
do you have a valid driver's license? Yes [ ] No [ ] \_\_\_\_\_  
State Number Expiration Date

#### IV. RECORD OF PREVIOUS EMPLOYMENT

List names of employers in consecutive order with present or last employer listed first. Account for any gaps and any period of unemployment. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR.

Name of Present or Last Employer	Employed From	Pay Start	Employee's Title	Reason for Leaving
Address				
City, State, Zip Code	To	Final	Name of Last Supervisor	
Telephone				
Name of Previous Employer	Employed From	Pay Start	Employee's Title	Reason for Leaving
Address				
City, State, Zip Code	To	Final	Name of Last Supervisor	
Telephone				
Name of Previous Employer	Employed From	Pay Start	Employee's Title	Reason for Leaving
Address				
City, State, Zip Code	To	Final	Name of Last Supervisor	
Telephone				
Name of Previous Employer	Employed From	Pay Start	Employee's Title	Reason for Leaving
Address				
City, State, Zip Code	To	Final	Name of Last Supervisor	
Telephone				

- Explain any gaps in your employment history set forth above. \_\_\_\_\_
- Position(s) applied for: \_\_\_\_\_ How soon could you report to work? \_\_\_\_\_
- Type of employment: ☐ Full Time ☐ Part-Time ☐ Temporary Desired Salary Range? \_\_\_\_\_
- What days and hours if part-time? Days \_\_\_\_\_ Hours \_\_\_\_\_
- Are you presently employed? \_\_\_\_\_ If yes, why do you desire to make a change? \_\_\_\_\_
- How long have you worked in automobiles? \_\_\_\_\_ What makes of cars do you know best? \_\_\_\_\_  
Have you been certified by the National Institute for Automotive Service Excellence (NIASE)? Yes ☐ No ☐ If yes, in what areas? \_\_\_\_\_
- Have you ever worked for this company before? Yes ☐ No ☐ If YES, give dates and position held: \_\_\_\_\_
- Are you able to meet the attendance requirements of this job? Yes ☐ No ☐
- Are you able to perform the essential functions of the job you are applying for with or without a reasonable accommodation? Yes ☐ No ☐
- Do you have means of transportation to get to and from work? Yes ☐ No ☐



## Personal Data continued . . .

- Any restrictions on license? Yes ☐ No ☐ If yes, explain: \_\_\_\_\_
- Do you hold any other operator's permits? If yes, explain: \_\_\_\_\_
- Do you hold a commercial driver's license? Yes ☐ No ☐
- Have you ever been convicted of a felony, excluding a traffic violation? Yes ☐ No ☐
- A conviction does not automatically mean you will not be offered a job. What you were convicted, the circumstances surrounding the conviction, and how long ago the conviction occurred, are important. Please give all dates and details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- If a driver's license is required for the position for which you are applying, have you ever been convicted of a DWI (Driving While Intoxicated or Driving Under the Influence)? Yes ☐ No ☐
- If yes, give date and details of each conviction: \_\_\_\_\_  
\_\_\_\_\_
- If a surety bond is required for the position for which you are applying, have you ever been refused a surety bond? Yes ☐ No ☐ If yes, state the reason and date: \_\_\_\_\_  
\_\_\_\_\_

## II. EDUCATION

(List all education and training)

CLASSIFICATION	NAME AND LOCATION	MAJOR SUBJECTS	DIPLOMA/DEGREE
COLLEGE			
BUSINESS SCHOOL			
VOCATIONAL			
HIGH SCHOOL			
OTHER			

- Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application: \_\_\_\_\_  
\_\_\_\_\_

## III. CHARACTER REFERENCES

List Persons Who Know You Well - Not Previous Employers or Relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	No. of Years Known

## PARTS DEPARTMENT

<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Parts Manager
<input type="checkbox"/> Car Washer	<input type="checkbox"/> Parts Clerk
<input type="checkbox"/> Lubrication Person	<input type="checkbox"/> Parts Delivery
<input type="checkbox"/> Porter	
<input type="checkbox"/> Janitor	

## OFFICE

<input type="checkbox"/> Office Manager	<input type="checkbox"/> Clerk
<input type="checkbox"/> Bookkeeper	<input type="checkbox"/> _____
<input type="checkbox"/> Cashier	<input type="checkbox"/> _____
<input type="checkbox"/> Secretary-Stenographer	<input type="checkbox"/> _____

**APPLICANT'S CERTIFICATION:**

I certify that the information contained in this application is true and complete to the best of my knowledge and I understand that falsification, omissions, or misrepresentations of this information is a ground for rejection of my employment application and if employed by Company, cause for termination of my employment from Company. I authorize the character references, previous employers, and educational institutions listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability, claims, or for any damage that may result from furnishing same to you. I also release the Company from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I agree to conform to the rules and regulations of the Company. I understand that if an offer of employment is extended that it is conditioned upon completing the Federal I-9 form and providing documents establishing identity and work authorization. I understand that this employment application and any other company documents are not a promise or a contract of employment. I understand that my employment can be terminated with or without cause and with or without notice, at any time, at the option of either the company or myself. I understand that no manager or representative of the Company, other than the president, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I represent that I am able to meet the attendance requirements as required by the company. I understand that maintaining a current driver's license may be necessary for insurability and continued employment.

**I have read and fully understand the Applicant's Statement of Understanding and Authorization (see front of application) and Applicant's Certification.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

RECORD OF EMPLOYMENT	
Employed _____	Assigned to _____
(date)	(dept.)
Basis of Pay _____	
USE THIS SPACE FOR HISTORY, JOB ASSIGNMENTS, PAY CHANGES, ETC.	
REASON FOR TERMINATION	