



928-522-6386 • www.FlagNissanSubaru.com
4960 East Market Place • Flagstaff, AZ 86004

Application for Employment

Prospective employees will receive consideration without discrimination because of race, religion, color, sex, age national origin, disability or any other status protected by federal and/or state law.

PERSONAL INFORMATION

Last Name		First	Middle	Date
Street Address				Home Telephone
City, State, ZIP				Business Telephone
Have you ever applied for employment with us? _____ Yes _____ No If yes, Month and Year: _____				
Position Desired		Do you have adequate means of getting to work? _____ Yes _____ No		If you are under 18 years of age, please state your age.
Are you available for full-time work? _____ Yes _____ No			Are you willing to work any shift? _____ Yes _____ No	
Are you authorized to work in the U.S.? _____ Yes _____ No			When will you be available to begin work?	

EDUCATION AND TRAINING

Please circle highest grade completed:			
<u>1 2 3 4 5 6 7 8</u> Grade School	<u>9 10 11 12</u> High School	<u>1 2 3 4 5 6 7 8</u> College	<u>1 2 3 4 5 6 7 8</u> Trade/Tech
What was the last school you attended?			
What job-related skills have you developed that were not acquired through formal education?			

SPECIAL ACTIVITIES

Type of Organization	Name or Description of Organization	When did you actively participate?		Offices held during last five years.	Avg. time now given per month
		From	To		

ACTUAL EXPERIENCE IN ANY OF THE FOLLOWING - PLEASE CHECK

Office

- Office Manager
- Stenographer
- Bookkeeper
- Asst. Bookkeeper
- Clerk
- Title Clerk
- Typist
- Telephone Operator
- Cashier
- Other

Service Department/Body Shop

- Service Manager
- Shop Foreperson
- Service Salesperson
- Mechanic
- Mechanic Helper
- Body Repairperson
- Body Shop Helper
- Painter
- Car Polisher
- Body Shop Manager
- Estimator
- Dispatcher
- Trimmer (Upholsterer)
- General Garage Worker
- Lubrication Person
- Porter
- Janitor
- Maintenance
- Car Washer
- Utility Serviceperson
- Rust-proofing
- Detailer
- Other

Sales Department

- New Car Sales Manager
- Used Car Sales Manager
- New Car Salesperson
- Used Car Salesperson
- Finance and Insurance
- Other

Parts Department

- Parts Manager
- Parts Counterperson
- Parts Clerk
- Parts Driver
- Other

GENERAL INFORMATION

Have you ever been discharged or asked to resign by an employer?

_____ Yes _____ No If yes, please explain:

A record of criminal conviction will not necessarily be a bar to employment, since the company will consider factors such as age at the time of the offense, the nature and seriousness of the violation and evidence of rehabilitation in making any employment decision. It is not necessary to report criminal conviction records that have been legally expunged.

Have you ever plead Guilty, or No Contest to, or been convicted of a misdemeanor (other than minor traffic violations) or felony?

_____ Yes _____ No

If yes, please explain:

MOTOR VEHICLE INFORMATION

Please complete this section if the job for which you are applying might require you to drive company or customer vehicles.

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

License number and State: _____

Have you had any accidents in the last five years? Yes _____ No _____

If yes, please give details:

Have you been cited for any moving violations in the last five years? Yes _____ No _____

If yes, please give details:

Has your driver's license ever been suspended, revoked, denied or canceled? Yes _____ No _____

If yes, please explain:

WORK EXPERIENCE

Beginning with your present or most recent employer, describe your employment experience below (use extra pages if needed).

1. Present or Last Employer: _____
Address: _____
Type of Business: _____ Phone: _____
Salary: _____ Dates employed - From: _____ To: _____
Immediate Supervisor: _____
Description of your work and responsibilities: _____

Reason for leaving: _____
May we contact your present employer at this time: Yes _____ No _____
If no, please explain: _____

2. Present or Last Employer: _____
Address: _____
Type of Business: _____ Phone: _____
Salary: _____ Dates employed - From: _____ To: _____
Immediate Supervisor: _____
Description of your work and responsibilities: _____

Reason for leaving: _____
May we contact your present employer at this time: Yes _____ No _____
If no, please explain: _____

3. Present or Last Employer: _____
Address: _____
Type of Business: _____ Phone: _____
Salary: _____ Dates employed - From: _____ To: _____
Immediate Supervisor: _____
Description of your work and responsibilities: _____

Reason for leaving: _____
May we contact your present employer at this time: Yes _____ No _____
If no, please explain: _____

4. Present or Last Employer: _____
Address: _____
Type of Business: _____ Phone: _____
Salary: _____ Dates employed - From: _____ To: _____
Immediate Supervisor: _____
Description of your work and responsibilities: _____

Reason for leaving: _____
May we contact your present employer at this time: Yes _____ No _____
If no, please explain: _____

PERSONAL GOALS

What are your plans or aims for the future?

IMPORTANT TO READ

By my signature placed below, I understand that:

This application will only be considered "active" for thirty (30) calendar days from the date of application. If I have not obtained employment with the Company within thirty (30) days, but remain interested in obtaining employment with the Company, I understand that I must complete a new application form to be considered for an additional thirty (30) days.

The information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any misstatements or omissions in this application form (and accompanying resume, if any) will result in a decision not to hire me, or to discharge me if discovered only after hire.

The Company may check all statements made by me in connection with my application for employment. I authorize the Company to contact my prior employers, including each of those employers listed in the Work Experience section of this application, and other sources of information, regarding my background and I hereby authorize and direct each such employer and source of information to answer any and all questions regarding my prior employment and background. I release all persons from liability on account of such disclosure and agree to indemnify the Company; each of my prior employers and each of the other sources of information contacted, and agree to hold them harmless from any claims arising from this authorization and direction.

The Company requires that all individuals who successfully complete the initial employment screening process to submit to a drug-screening program.

Signature: _____ Date: _____