



Red Rock Auto

Application for Employment

Equal Employment Opportunity/Affirmative Action Employer

Please Print

Position (s) Applying For: _____ Date of Application: _____

Referral Source: ☐ Advertisement ☐ Government Employment Agency ☐ Relative ☐ Walk In
☐ Employee ☐ Private Employment Agency ☐ Other _____ Name of Source _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Email Address: _____ Social Security Number: _____

Telephone Numbers () _____ Home () _____ Cell Best time to call you is _____

May we contact you at work? ☐ Yes If yes, work number () _____ Driver's License Number _____
☐ No Driver's License State _____

If you are under 18, can you furnish a work permit? ☐ Yes ☐ No

Have you filed an application here before? ☐ Yes If yes, date? _____
☐ No

Have you ever been employed here before? ☐ Yes If yes, dates? _____
☐ No

Are you legally eligible for employment in the USA? ☐ Yes ☐ No

Date Available for work? _____

What days and hours are you available for work? _____

Can you work on the weekends? ☐ Yes ☐ No

Can you work evenings: ☐ Yes ☐ No

Are you able to meet the attendance requirements of the Position? ☐ Yes ☐ No

Type of Employment desired? ☐ Full Time ☐ Part Time ☐ Seasonal ☐ Temporary ☐ Educational Co-op

Are you on lay-off and subject to recall? ☐ Yes ☐ No

Will you relocate if job requires? ☐ Yes ☐ No Will you travel if job requires? ☐ Yes ☐ No

Will you work overtime, if needed? ☐ Yes ☐ No

Have you ever been bonded? ☐ Yes ☐ No

Have you been convicted of a crime? ☐ Yes ☐ No

If yes, please explain: _____

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodations? ☐ Yes ☐ No

If no, describe the functions that cannot be performed: _____

Employment History

List your last four (4) employers, assignments, or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer _____ Telephone(____) _____ Address _____ City _____ State _____ Zip Code _____ Job Title _____ Dates Employes: from _____ to _____ Reason for leaving _____ Hourly/Salary Starting: \$ _____ per _____ Ending: \$ _____ per _____ May we contact for reference? _____ Yes _____ No _____ Later	Summarize the nature of the work performed and job responsibilities.
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Comments (including explanation of any gaps in employment) _____

Skills & Qualifications

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company?

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? ☐ YES ☐ NO

If yes, please explain: _____

Educational Background (if job related)

A) List last three (3) schools attended, starting with latest. B) List number of years completed. C) Indicate degree or diploma earned, if any. D) GPA or Class Rank. E) Major & Minor field of study (if applicable).

School	# of Years Completed	Degree/Diploma	GPA/Class Rank	Major/Minor

Do you speak, write or understand any foreign languages? ☐ Yes ☐ No

If yes, list language(s) and how fluent of a speaker you consider yourself to be. _____

Military

Branch: _____ Rank in Military: _____ Total Years of Service: _____

Skills/Duties: _____

Related details: _____

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Occupation	Telephone Number	Years Known

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards. (Exclude memberships which would reveal sex, race, religion, national origin, age, disability or other protected status.) _____

List any additional information you would like us to consider. _____

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from employer's service if I have been employed.

I gave the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurance to the contrary.

Signature of Applicant: _____

Date: _____