ROCK COUNTY HONDA 3636 E. Milwaukee St., Janesville, WI 53546 (608) 754-4418 Division of Rock County Auto Company APPLICATION FOR EMPLOYMENT

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

This dealership does not discriminate in hiring or employment on the basis of any categories protected by Local, State or Federal law. No question on this application is intended to secure information to be used for such discrimination. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

Please type or print and answer all questions. **PERSONAL INFORMATION**

First	Middle	Last Na	me	Social Security No.	(added at time of	interview)	Initial Here
	Street Add	lress	[Cell Phone		Home Phone	
	City, State a	nd Zip Code		Email Address			
Length of time at	the above address	Yea	urs <u>Mor</u>	nths			
Previous address	within the United Street Address	States, except Military	, if address changed o	during the past year. City, State and			
From Date:		Го Date:					
EMPLOYME	ENT DESIREI)					
Position Desired:		Type of work	desired:		🗆 Ful	l time 🛛 Part tin	ne
Date available for	work:			Are you over	18 years of age?	Yes 🗆 No	
Rate of pay desire	ed:						
Have you previou	sly worked for Ro	ock County Honda?	Yes 🗌 No	If yes, plea	ase include in your	employment histor	у.
	N AND TRAIN UAL EXPERIENC	NING CE in any of the follow	ving, please check.				
	OFFICE			SERVICE D	DEPARTMENT		
□ Office Mana	ıger	Clerk	Service Manage	er	Porter		☐ Janitor
	honos	Cashian			T i aht duty t	achnician	

Bookkeeper	Title Clerk	Service Advisor	Technician Helper	
SALES DEPARTMENT		PARTS DEPARTMENT	BODY SH	OP
New car sales manager	New car sales	Parts Manager	Manager	Detailer
Used car sales manager	Used car sales	Parts counter sales	Estimator	☐ Metal technician
		Parts delivery	Painter	
What position do you know best?				

Have you ever been denied a security bond? Yes No If yes, explain:

ADDITIONAL INFORMATION

Are you a United States citizen? Yes No

Do you otherwise have legal authorization to work in the US which is not limited to a particular employer?

□ Yes □ No

Proof of authorization to work will be required if you are employed by Rock County Honda.

EDUCATION

Name of Institution	Address	Major Course or Subject	Last Year Co	mpleted	Degree		
High School or Prepatory			1	3	🗆 Yes 🗌 No		
			2	4			
Technical School			□ 1	2	□ Yes □ No		
College			1	3	Yes No		
			$\square 2$	4			
List scholastic honors, offices held and activities in high school, college, technical school or other educational or civic organizations:							
Are you planning to pursue further studies? 🗌 Yes 🗋 No 🗌 Day School 🗌 Night School							
List other training and skills you consider relevant to the position for which you are applying.							

EMPLOYMENT RECORD

Starting with **PRESENT** or **MOST RECENT**, list all previous employers. Include self-employment, summer and part-time jobs. Do not omit any employer. Attach additional sheets if necessary.

Name & Address of Employer	Dates E	mployed	Sa	alary	Reason for Leaving
Company Name	From Mo. & Yr.	To Mo. & Yr.	Starting	Leaving	
Street Address, City, State, Zip Code					
Position & Duties					
Name of Supervisor					

Name & Address of Employer	Dates Employed Salary		Reason for Leaving				
Company Name	From Mo. & Yr.	To Mo. & Yr.	Starting	Leaving			
Street Address, City, State, Zip Code							
Street Address, City, State, Zip Code							
Position & Duties							
Name of Supervisor							

Name & Address of Employer	Address of Employer Dates Employed Salary		Reason for Leaving			
Company Name	From Mo. & Yr.	To Mo. & Yr.	Starting	Leaving		
Street Address, City, State, Zip Code	Street Address, City, State, Zip Code					
Position & Duties						
Name of Supervisor						

Name & Address of Employer	Dates Employed		Salary		Reason for Leaving
Company Name	From Mo. & Yr.	To Mo. & Yr.	Starting	Leaving	
Street Address, City, State, Zip Code					
Position & Duties					
Name of Supervisor					

If you are now employed, may we contact your present employer?	If you are now employed, may we contact your present empl	lover?	Yes	<u> </u>	٧o
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REFERENCES (Do not list relatives or personal friends)

Name	Occupation	Address, City & State	Telephone Number	Number of years you have known this person

EMERGENCY CONTACT INFORMATION

In case of accident or emergency who should we contact?

Name	Relationship	Home Phone
Address		Work Phone

CRIMINAL AND OTHER OFFENSES

Have you ever been convicted of, plead nolo contender (no contest) to, or been fined in connection with any felony, misdemeanor, municipal ordinance violation, or any other type of offense (other than a parking ticket), regardless of the nature of the penalty or fine for that offense?

Yes	No	

(If you are in doubt about the nature of the offense, please list it. This question is designed to require disclosure of all convictions, violations, fines or offenses and the failure to list a conviction, offense, violation or fine will be considered falsification and will be grounds for refusal to hire or termination of employment. However, no applicant will be denied a position because of a past conviction, offense, violation or fine which is not substantially related to the circumstances of the employment sought.)

Are you currently subject to a pending criminal charge for any misdemeanor or felony?

□ Yes □ No

If yes, please provide details:

If yes, please provide details:

(This question is designed to elicit information on all pending criminal charges, whether felony or misdemeanor. However, no applicant will be denied a position because of a pending criminal charge which is not substantially related to the circumstances of the employment sought.)

The application will not be process unless you have read and signed the Authorization, Release and Certification on the last page. You are urged to carefully read each before signing. If you have any questions, please ask the person who is taking this application, General Manager or the Office Manager.

CERTIFICATION, AUTHORIZATION AND RELEASE

I certify that the information contained in this application is true and complete to the best of my knowledge and authorize Rock County Auto Company d/b/a Rock County Honda to investigate all statements made. I understand that the falsification of this application in any detail may result in disqualification from further consideration or dismissal from employment once hired.

I authorize Rock County Honda to contact and secure information about my educational background, work experience, and to secure records of licensing, administrative, regulatory or any other governmental agency, and to contact any other informational source relevant to employability. I further understand that work references will be contacted, and that appropriate work-related references are not limited to those listed in my application. I release Rock County Honda, its subsidiaries, officers and agents from liability for seeking such information, and all other persons, schools, entities or organizations for furnishing such information.

I understand and agree that Rock County Honda reserves the right to require me to submit to a drug or alcohol screening test at any time after employment, and may also require me to submit to work-related medical examination, as permitted by law, during the course of my employment.

I understand that employment with Rock County Honda is at-will, which means that if I am hired, my employment is for no definite period, and may be terminated at the will of myself or by Rock County Honda at any time, with or without cause and with or without notice. I further understand that such employment is not contractual unless and until an express written contract expressly authorized by the President of Rock County Honda is entered into and executed in writing by me and Rock County Honda, and that no contract is formed or offered by this application or any employee handbook. No employee of Rock County Honda other than the President shall otherwise have the authority to alter my employment-at-will status or make enforceable promises about current or future terms of employment, and I may not rely on any such representations.

I understand that employment with Rock County Honda is pursuant to terms and conditions established by Rock County Honda, which are subject to change without notice. I further understand that all manuals, employee handbooks, or personnel policies are descriptive only. They do not form any sort of contract between myself and Rock County Honda, and they may be unilaterally changed, or not applied, as Rock County Honda believes to be in its best interest.

I certify that I have read the foregoing statement confirming that the terms of my prospective employment are at-will and I acknowledge and agree to that status. I understand that I may not reasonably rely on any other expectation or representation about my employment.

I certify that I have read and understand this certification, authorization and release.

Date:

Applicant Name (print)

Applicant Signature

(Added at time of interview)

In processing this employment application, we may request than an investigative driving record be prepared. You have the right to request that we completely and accurately disclose to you the nature and scope of the investigation requested. Such a request must be made in writing to this dealership within a reasonable time after you complete this application.

A separate information and authorization document will be provided to you if a driving record is to be done.