

Start Date: _____

Salary: _____

Position: _____

ROUTE 46 AUTO GROUP (Please check desired dealership)

_____ Nissan 46 (Totowa) _____ Mitsubishi 46 (Totowa) _____ Route 46 Chrysler Jeep Dodge (Little Falls)

_____ Edison Nissan (Edison) _____ Route 33 Nissan (Hamilton)

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Cell :Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Emergency Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

Disclaimer and Signature

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. Furthermore, participation in "Direct Deposit" is a condition of employment. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I authorize the company to conduct a background check to include; criminal history, motor vehicle license and credit history. And I understand that any employment is conditioned on a favorable background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding

employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing by an authorized Company representative. (Continued...)

If I am offered employment I agree to submit to a medical examination and drug test, if required, before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, if required, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that acceptance of this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time

Signature: _____ Date: _____

Auto Mall 46 EEO SURVEY – APPLICANT VOLUNTARY SELF-IDENTIFICATION FORM

Providing this information is voluntary and providing or refusing to provide it will not subject you to any adverse treatment. The information you provide will only be used for equal employment and diversity recordkeeping and reporting required by law. The information you provide is also confidential.

To comply with federal equal employment opportunity recordkeeping and reporting requirements and Auto Mall 46 inclusion efforts, Auto Mall 46 offers applicants the opportunity to complete this self-identification form to obtain certain demographic information. If you choose not to self-identify, please check the box, or you may elect not to complete the form. The information will be used only in accordance with the provisions of applicable laws, regulations and executive orders, including those that require information to be summarized and reported to the government. In completing the Race and Ethnicity portion of the form, first indicate if you identify yourself as Hispanic or Latino. If you do so identify yourself, you should stop at that point. If you do not identify yourself as Hispanic or Latino, then check the appropriate box to identify the race/ethnicity with which you do identify. If you identify with two or more races, please check the “two or more races” box, and also list the single race/ethnic group with which you most closely identify.

Full Name (Print): _____

Gender

Male Female

Race and Ethnicity

A. Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

OR

B. Not Hispanic or Latino:

- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five racial/ethnic groups. ***If you check this box, please list the single racial/ethnic group above with which you most closely identify:***

If you choose not to self-identify, please check box.

Signature: _____

Date: _____

7.00 EMPLOYEE ACKNOWLEDGMENT FORM

I understand that the Employee Handbook describes important information about the Company and I understand that I should consult a manager or supervisor, the General Manager or the Vice President regarding any questions not answered in the handbook. I understand that I am an employee-at-will. I have entered into my employment relationship with the Company voluntarily and acknowledge that there is no specified length of employment. Accordingly, either I or the Company can terminate the relationship at will, with or without cause, at any time and with or without notice, so long as there is no violation of applicable federal, state or local law.

Because the policies, plans and benefits described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur, except to the Company's policy of employment-at-will. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the President of the Company has the authority to adopt any revisions to the policies in this handbook.

By my signature, I acknowledge that I will read the Employee Handbook located at www.route46autos.com (Employee / Current Employee Tabs). I understand that I am an employee-at-will and that either the Company or I may terminate employment at any time and for any reason, without notice. I further acknowledge that this Handbook is neither a contract of employment nor a legal document. I understand that it is my responsibility to read and comply with the policies contained within it as well as any revisions made to it.

EMPLOYEE'S NAME (printed): _____

EMPLOYEE'S SIGNATURE: _____

DATE: _____

