

## **Application for Employment**

The Civil Rights Act of 1964 and 1991 prohibits discrimination in employment practices because of race, color, religion, sex or national origin. The Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are at least forty years of age. The Americans with Disabilities Act prohibits discrimination against persons with covered disabilities. This company adheres to the Immigration Reform Act of 1986.

### **WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

Name \_\_\_\_\_

Present Address \_\_\_\_\_

How Long Have you lived there? Years \_\_\_\_\_ Months \_\_\_\_\_

Previous Address \_\_\_\_\_

How long did you live there? Years \_\_\_\_\_ Months \_\_\_\_\_

Telephone \_\_\_\_\_

Position Applied For \_\_\_\_\_

Salary Desired \_\_\_\_\_

Available Start Date \_\_\_\_\_

Are you at least 18 years of age or older? YES NO

Military Service (Branch, Years Served, Presently in Reserve or National Guard)

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested for or convicted of a crime that has not been expunged by a court?  
YES NO If yes please give date and details of each.

\_\_\_\_\_  
\_\_\_\_\_

Note: Answering "Yes" to this question does not constitute an automatic bar to employment. Only those crimes which are substantially related to the position you are seeking will be considered.

Have you worked here before? YES NO -if yes, when and position held?

\_\_\_\_\_

Note: Due to the nature of our business, a valid driver's license is required for many positions within our organization. If you are applying for a position for which driving is essential function, please answer the following questions.

Do you have a Valid Driver's license? YES NO License Number \_\_\_\_\_ State \_\_\_\_\_

Has your Driver's License ever been suspended or revoked? Yes No

If yes please explain circumstances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have personal automobile insurance? Yes No

Insurance Company \_\_\_\_\_

Has your personal automobile insurance ever been canceled? Yes No

If Yes Please explain Circumstances:

\_\_\_\_\_  
\_\_\_\_\_

Please list all moving violations

Offense Date _____	Location _____
Offense Date _____	Location _____
Offense Date _____	Location _____
Offense Date _____	Location _____

## EDUCATION

High School Name \_\_\_\_\_

Grade Level Completed \_\_\_\_\_ Diploma or GED: Yes No

College Name \_\_\_\_\_

Major or Course of Study \_\_\_\_\_

Grade Level Completed \_\_\_\_\_ Diploma: Yes No

Degree earned: \_\_\_\_\_

Any Specialized Training or Skills \_\_\_\_\_

Grad School Name \_\_\_\_\_

Major or Course of Study \_\_\_\_\_

Grade Level Completed \_\_\_\_\_ Diploma: YES NO

Degree earned: \_\_\_\_\_

Any Specialized Training or Skills \_\_\_\_\_

Trade School Name \_\_\_\_\_

Major or Course of Study \_\_\_\_\_

Grade Level Completed \_\_\_\_\_ Diploma: YES NO

Degree earned: \_\_\_\_\_

Any Specialized Training or Skills \_\_\_\_\_

Have you had any special courses in automobile field? YES NO

If Yes please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### RECORD OF PREVIOUS EMPLOYMENT

Previous/Current Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Dates of Employment: Start Date: \_\_\_\_\_ Term Date: \_\_\_\_\_

Position or Type of Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

Pay Start \_\_\_\_\_ Final \_\_\_\_\_

Previous/Current Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Dates of Employment: Start Date: \_\_\_\_\_ Term Date: \_\_\_\_\_  
Position or Type of Work \_\_\_\_\_  
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Phone Number \_\_\_\_\_

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Position or Type of Work \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Pay Start \_\_\_\_\_ Final \_\_\_\_\_

Previous/Current Employer's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Dates of Employment: Start Date: \_\_\_\_\_ Term Date: \_\_\_\_\_  
Position or Type of Work \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Pay Start \_\_\_\_\_ Final \_\_\_\_\_

Are you presently employed? YES NO

If yes may we contact your present employer YES NO

If no, please explain.

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Have you ever been terminated or asked to resign from any job? YES NO

If yes, please explain circumstances.

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PREVIOUS EXPERIENCE

Office	Sales/Leasing	Service and Repair/Parts	
Controller	Sales Manager	Service Manager	Parts Manager
Office Manager	F/I Manager	Service Advisor	Parts Counter
Bookkeeper	Leasing Manager	Dispatcher	Parts Stocker
A/R	Aftermarket Sales	Shop Foreman	Parts Driver
Accounts Payable	New Car Sales	Tech/Mechanic	Polisher
Payroll Clerk	Used Car Sales	Electrician	Porter
Cashier	Truck Sales	Painter	Janitor
Computer Operator	Used Car Mgr	Helper	Lube/ Alignment
Clerk	Fleet Manager	Body Repair	Other _____
Receptionist		Vehicle Prep/Wash	_____
		Trimmer	

Business Machines Used:

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Technician/Mechanic Applicants: please list all current certifications as well as any other special technical qualifications:

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Are you able to perform the various functions of the job for which you applied, with or without reasonable accommodations? YES NO

Following a conditional offer of employment, you may be required to submit to a pre-employment health examination including drug testing, consistent with the Americans Disabilities Act.

**Personal References**

Give Persons Who know you well, previous employers or relatives.

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone Number \_\_\_\_\_ Number of years known \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone Number \_\_\_\_\_ Number of years known \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone Number \_\_\_\_\_ Number of years known \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone Number \_\_\_\_\_ Number of years known \_\_\_\_\_

**Applicant's Acknowledgment (Read Carefully)**

I hereby state that the information given by me on the employment 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 will be subject to dismissal without notice. Should I be employed, I understand that my employment will be on trial basis for a period of ninety days from my date of hire, and that before the expiration of that period, I may be discharged at the sole discretion of the company. Likewise, I may terminate my employment with out notice, and no adverse entries will be made on my personnel records. I further understand that the completion of the trial period will not result in an employment contract for any specific term, my employment being "at will" at all times. I understand that the company may ask me to submit to a test for illegal drugs at any time as a condition to commencing or continuing employment and that my refusal to submit to such a test is grounds for the employer to rescind its job offer or terminate my employment. I also understand that if the employer offers me a position as a condition to my commencing employment, the employer may ask me medically-related questions and/or require that I submit to a pre-employment medical examination, so long as those inquiries and/or examinations are job related and consistent with the necessities of the company's investigative consumer report or law enforcement report to which I may make written request as to the nature and contents of such a report if obtained. Any report obtained and information contained there in will be considered only to the extent that the information is job related and consistent with the necessities of the company's business based upon the nature of duties of the position for which I sought employment. I give my permission to the company to contact former employers or references by telephone or in writing to verify the information that I have given, and authorize prior employers to release all records of my employment including assessments of my job performance. I also authorize the company to provide truthful information concerning my employment with it to my future prospective employers and agree to hold it harmless for providing such information.

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Date

Signature of Applicant