

# Smith Motors Employment Application

**SM2025**

Email Application To: [debrab@smithmotors.com](mailto:debrab@smithmotors.com) OR mail or drop off at Smith Motors, 101 N. 11<sup>th</sup> Street, Wahpeton ND 58075

POSITION APPLIED FOR:

DATE AVAILABLE FOR EMPLOYMENT:

Date Of Review (Month/Day/Year)

/ /

SALARY REQUIREMENT:

HOW WERE YOU REFERRED TO US:

## GENERAL INFORMATION

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_/\_\_\_\_/\_\_\_\_ SECONDARY PHONE: \_\_\_\_/\_\_\_\_/\_\_\_\_ EMAIL: \_\_\_\_\_

Driver's License Number (If Applicable To Position): \_\_\_\_\_ State: \_\_\_\_\_

ARE YOU AVAILABLE TO WORK: \_\_\_\_ Full-Time \_\_\_\_ Part-Time \_\_\_\_ Temporary \_\_\_\_ Seasonal \_\_\_\_ Overtime

If You Are Under 18 And We Require A Work Permit, Can You Furnish One? \_\_\_\_ Yes \_\_\_\_ No

If No, Please Explain: \_\_\_\_\_

Have You Ever Worked For Smith Motors: \_\_\_\_ Yes \_\_\_\_ No If Yes, When? \_\_\_\_\_

Are You Employed Now? \_\_\_\_ Yes \_\_\_\_ No

If Yes, May We Contact Them? \_\_\_\_ Yes \_\_\_\_ No If Yes, Name: \_\_\_\_\_

Can You Perform The Essential Functions Of The Job(s) For Which You Are Applying? \_\_\_\_ Yes \_\_\_\_ No

## EDUCATION

HIGH SCHOOL NAME: \_\_\_\_\_ DIPLOMA/GED: \_\_\_\_ Yes \_\_\_\_ No

CITY/STATE: \_\_\_\_\_ YEARS COMPLETED: \_\_\_\_\_

COLLEGE NAME: \_\_\_\_\_ COURSE OF STUDY: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ YEARS COMPLETED: \_\_\_\_\_ DEGREE: \_\_\_\_ Yes \_\_\_\_ No

GRADUATE SCHOOL: \_\_\_\_\_ COURSE OF STUDY: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ YEARS COMPLETED: \_\_\_\_\_ DEGREE: \_\_\_\_ Yes \_\_\_\_ No

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex or other protected status in accordance with applicable federal and state equal employment opportunity laws. Title I of the Americans with Disabilities Act of 1990 requires an employer to provide reasonable accommodation to qualified individuals with disabilities who are employees or applicants for employment, unless to do so would cause undue hardship.

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## EMPLOYMENT (Begin With Most Recent Position)

EMPLOYER: \_\_\_\_\_ May We Contact This Company: ☐ Yes ☐ No

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_/\_\_\_\_/\_\_\_\_

POSITION HELD: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

STARTING POSITION/SALARY: \_\_\_\_\_ ENDING POSITION/SALARY: \_\_\_\_\_

DUTIES: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ (Month/Year) EMPLOYED TO: \_\_\_\_\_ (Month/Year)

REASON FOR LEAVING: \_\_\_\_\_.

EMPLOYER: \_\_\_\_\_ May We Contact This Company: ☐ Yes ☐ No

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_/\_\_\_\_/\_\_\_\_

POSITION HELD: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

STARTING POSITION/SALARY: \_\_\_\_\_ ENDING POSITION/SALARY: \_\_\_\_\_

DUTIES: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ (Month/Year) EMPLOYED TO: \_\_\_\_\_ (Month/Year)

REASON FOR LEAVING: \_\_\_\_\_.

EMPLOYER: \_\_\_\_\_ May We Contact This Company: ☐ Yes ☐ No

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_/\_\_\_\_/\_\_\_\_

POSITION HELD: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

STARTING POSITION/SALARY: \_\_\_\_\_ ENDING POSITION/SALARY: \_\_\_\_\_

DUTIES: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ (Month/Year) EMPLOYED TO: \_\_\_\_\_ (Month/Year)

REASON FOR LEAVING: \_\_\_\_\_.

SUMMARIZE YOUR SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS FOR THIS POSITION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

### BACKGROUND INFORMATION:

Have you ever been convicted of a criminal offense, including misdemeanor or felony offenses, within the last 5 years?

\_\_\_ Yes \_\_\_ No

Please exclude any annulled, sealed, eradicated, expunged, erased, pardoned, impounded, discharged or dismissed convictions or adjudications, as well as any minor traffic violations and parking offenses.

**NOTE:** Conviction of a crime is not necessarily an automatic bar to employment. Instead, relevant factors will be considered, such as (1) the nature and gravity of the conviction; (2) the possible relationship of the criminal behavior to the job sought; (3) the number of convictions; (4) recentness of the convictions; and (5) evidence that the individual has been rehabilitated.

### REFERENCES:

List three (3) non-relatives who are familiar with your qualifications and actual work history and ability.

NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_ PHONE: \_\_\_\_\_

I certify that my answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. By signing below, I authorize Smith Motors to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character, and qualifications.

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

Signature Of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_