

AUTO INVESTMENT INC. APPLICATION FOR EMPLOYMENT

Position Desired: _____ Full time Part time Date _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER APPLICANT'S STATEMENT

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I am employed on an "at will" basis which means that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing, signed by the President.

I AGREE THAT ANY DISPUTE BETWEEN ME AND THE COMPANY RELATED TO MY APPLICATION FOR EMPLOYMENT OR MY EMPLOYMENT, IF I AM HIRED, WILL BE RESOLVED THROUGH MUTUALLY BINDING ARBITRATION IN ACCORDANCE WITH THE COMPANY'S ARBITRATION POLICY AND PROCEDURE. I UNDERSTAND THAT I HAVE THE RIGHT TO REVIEW THE POLICY AND PROCEDURE PRIOR TO SIGNING THIS DOCUMENT.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them, whether favorable or unfavorable. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

By signing below, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate. I understand if I am employed and any such information is later found to be false, incomplete or misleading in any respect, I will be dismissed.

AUTHORIZATION TO OBTAIN CONSUMER REPORTS

IT HAS BEEN DISCLOSED TO ME THAT THE COMPANY MAY OBTAIN ONE OR MORE CONSUMER REPORTS ON ME FOR USE IN CONNECTION WITH MY APPLICATION OR FOR OTHER EMPLOYMENT-RELATED PURPOSES. THESE REPORTS MAY INCLUDE CREDIT BUREAU REPORTS, CRIMINAL RECORDS AND DRIVING RECORDS. I AUTHORIZE THE COMPANY OR PERSONS ACTING ON ITS BEHALF TO OBTAIN THESE REPORTS.

_____ Date

_____ Signature of Applicant

PERSONAL DATA

Name _____ Social Security No. _____
(Print) Last First Middle
Present Address _____ How long have you lived there? _____
Street and Number City State Zip Years Months
Previous Address _____ How long did you live there? _____
Street and Number City State Zip Years Months
Email Address _____ Telephone No _____

Are you 18 years of age or older? Yes No

Are you authorized to be employed in the United States? Yes No
(All offers of employment are contingent upon verification of eligibility under the Immigration Reform and Control Act of 1986.)

How did you learn about our Company? _____

Have you ever applied here or worked for this Company in the past? Yes No If yes, when? _____

Do you have any friends or relatives working here? Yes No

If yes, Name: _____ Relationship: _____

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? Yes No

NOTE: Answering "Yes" to these questions will not constitute an automatic bar to employment. Only those crimes which are substantially related to the position you are seeking will be considered. However, FAILURE TO FULLY DISCLOSE A CRIMINAL RECORD WILL DISQUALIFY YOU FROM EMPLOYMENT.

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Present or Last Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Position</u>	<u>Reason for Leaving</u>
Address	To (mo/yr)	Final \$	<u>Supervisor</u>	
City, State, Zip Code				
Telephone				
Previous Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Position</u>	<u>Reason for Leaving</u>
Address	To (mo/yr)	Final \$	<u>Supervisor</u>	
City, State, Zip Code				
Telephone				
Previous Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Position</u>	<u>Reason for Leaving</u>
Address	To (mo/yr)	Final \$	<u>Supervisor</u>	
City, State, Zip Code				
Telephone				
Previous Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Position</u>	<u>Reason for Leaving</u>
Address	To (mo/yr)	Final \$	<u>Supervisor</u>	
City, State, Zip Code				
Telephone				
Previous Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Position</u>	<u>Reason for Leaving</u>
Address	To (mo/yr)	Final \$	<u>Supervisor</u>	
City, State, Zip Code				
Telephone				

Have you ever been terminated or asked to resign from any job? [] Yes [] No. If Yes, please identify the employer and explain circumstances:

Please explain fully any gaps in your employment history: _____

May we contact your current employer? [] Yes [] No. If No, please explain: _____

PREVIOUS EXPERIENCE

Please indicate any actual experience that you have had in any of the following positions.

OFFICE

- CONTROLLER
- OFFICE MANAGER
- BOOKKEEPER
- ACCOUNTS RECEIVABLE
- ACCOUNTS PAYABLE
- PAYROLL CLERK
- DATA ENTRY
- CASHIER

SALES / LEASING

- SALES MANAGER
- FINANCE MANAGER
- LEASING MANAGER
- AFTER MARKET SALES
- NEW CAR SALES
- USED CAR SALES
- TRUCK OR FLEET SALES
- BUSINESS DEVELOPMENT
- TELEMARKETING

SERVICE AND REPAIR

- SERVICE MANAGER
- SERVICE ADVISOR
- DISPATCHER
- SHOP FOREMAN
- TECHNICIAN
- ELECTRICIAN
- PAINTER
- BODY REPAIR
- GET READY/PREP

PARTS

- PARTS MANAGER
- PARTS COUNTER
- PARTS STOCKER
- PARTS DRIVER

OTHER

- VALET
- _____
- _____

TECHNICIAN / MECHANIC APPLICANTS: Please list all current ASE certifications as well as any other special technical qualifications:

SALES APPLICANTS: Please state your average monthly sales: _____ Units / mo. during period from _____ to _____

EDUCATION

School Name	Years Completed: (Circle)	Diploma or Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills, and Extra- Curricular Activities
	Elementary 4 5 6 7 8			
	High School 9 10 11 12			
	College 1 2 3 4			
	Graduate School 1 2 3 4			
	Trade or Correspondence			
	Other			

EMERGENCY INFORMATION

In case of an accident or other emergency, who should we contact?

Name _____ Relationship _____

Home address _____ Telephone: _____
 Street City State Zip

Work address _____ Telephone: _____
 Street City State Zip

REFERENCES

Please list individuals who know you well, but are not relatives.

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

DRIVING INFORMATION

Do you have a current driver's license? Yes No.

State: _____ License No.: _____ Expiration Date: _____

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:

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)? Yes No

If Yes, please explain circumstances and outcome: _____

Please list all moving traffic violations in the last five (5) years:

NOTE: This section must be completed even if you are not applying for a driving position

Offense _____ Date _____ Location _____

Offense _____ Date _____ Location _____

Offense _____ Date _____ Location _____

Offense _____ Date _____ Location _____

I understand that this application will be considered active for a maximum of thirty (30) days from today's date. If I have not been offered a position by then and I wish to be considered for employment after that time, I must reapply.

I understand that my employment and continued employment is subject to the Company's receipt, review and approval of all background checks.

I certify that all of the information that I have provided on this application and in any interview is true, complete and accurate. I understand that if the Company later discovers that I failed to fully disclose my entire criminal record on this application, I will be subject to immediate termination.

DATE

SIGNATURE OF APPLICANT

DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS

We may obtain, either directly or through third parties, a consumer report or reports in connection with your application for employment and for other employment-related reasons during your employment, if you are hired. "Consumer report" includes, but is not limited to, credit reports, criminal background checks, department of motor vehicle reports and reports from educational institutions. We may also obtain an "investigative consumer report" which is information obtained through personal interviews with neighbors, friends, associates, acquaintances and others. You have the right to request disclosure of the nature and scope of such an investigation should one be conducted. If you wish to request the disclosure, please indicate below.

AUTHORIZATION

I authorize the Company or entities acting on its behalf to obtain consumer reports regarding me from time to time for employment purposes as described above.

Signature: _____ Date: _____

Please Print Full Name: _____

Please list maiden or any other names under which your records may be listed:

Driver's License Number: _____ State: _____

Social Security Number: _____

Date of Birth*: _____

Current Address: _____
Street City County

Please list prior states and counties of residence and dates:

NOTE:

Date of Birth information will only be used by the reporting agency to ensure accurate identification. It will not be used by the Company in making any employment decision. The Age Discrimination in Employment Act prohibits discrimination based on age.

PLEASE RETURN THIS FORM WITH YOUR APPLICATION