

Application for Employment

Personal Information					
Name: Last First M.I.	Today's Date:				
Social Security Number:	Daytime Phone:				
Date of Birth:					
Present Address:	Evening Phone (cell):				
City:	State: Zip:				
Are you eligible to work in the USA? o YES o NO					
Are you 18 years of age or older? o YES o NO					
Do you have a valid driver's license? o YES o NO					
Driver's License Number:	State:				
Position Applying For					
Title:	Referred By:				
Type of Work: o Full-Time o Part-Time o Temporary	Pay Desired: O This is an hourly figure O This is a yearly figure O Other				
Have you ever been employed at an automobile dealership?	o YES o NO				
IF YES, Dates: FromTo	Where:				
Education					
High School (Name, City, State):					

Circle Last Year of Education Completed: 9 10 11 12 13 14 15	16 17 18 19 20	Graduat	ed: o YES o NO	GPA:		
Business or Technical School:						
Location:		Degree,	Major:			
University or College:						
Location:			Degree, Major:			
Graduate School:						
Location:		Degree, Major:				
	Professional Information (if	applicab	le)			
Professional License(s):		License	cense Number:			
Effective Date:		Expiration	on Date:			
Registry or Certification:		Registra	Registration Number:			
Effective Date:	Effective Date:			Expiration Date:		
Out-of-State License(s):		License	License Number(s):			
	Personal Referenc	es				
Name	Address		Phone Number	Relationship		
Name	Address		Phone Number	Relationship		
Name	Address		Phone Number	Relationship		
Previous Dealership Experience (circle all that apply, explain role):						
Sales Department:						
Service Department:						
Parts Department:						
Collision Center:						
Office/Support Team:						
Other(please list):						

Employment				
List all periods of employment, self-employment, U.S. Milita present job. Please print clearly . If you need additional sp	ry service, and verifiable volunteer work beginning with your pace, please list information on the back of this booklet.			
Present/Last Employer:	Type of Business:			
Address:	Phone Number:			
Employment Dates: FromTo	May we contact? o YES o NO			
Pay:	Reason for Leaving:			
Job Title:	Supervisor and Title:			
Description of Job and Duties:	·			
If presently employed, why do you wish to change employers?				
Suppose we were to call your supervisor at this place of business:				
How would he or she describe your job performance?	 O Outstanding O Above average O Average O Somewhat below average O I don't know 			
How would he or she describe your attendance record?	 o Never missed a day o Seldom missed a day (e.g., 1 to 2 days a year) o Sometimes missed a day (e.g., 3 to 5 days a year) o Occasionally missed a day (e.g., 6 to 10 days a year) o Frequently missed a day (more than 10 days a year) 			
How often would he or she say you were late for work?	 o Never late o Seldom late (e.g., 1 to 2 times a year) o Sometimes late (e.g., 3 to 5 times a year) o Occasionally late (e.g., 6 to 10 times a year) o Frequently late (more than 10 times a year) 			
Employer:	Type of Business:			
Address:	Phone Number:			
Employment Dates: FromTo	May we contact? o YES o NO			
Pay:	Reason for Leaving:			
Job Title:	Supervisor and Title:			
Description of Job and Duties:				

Employm	ent (continued)				
Suppose we were to call your supervisor at this place of busine	SS:				
How would he or she describe your job performance?	 O Uutstanding O Above average O Average O Somewhat below average O I don't know 				
How would he or she describe your attendance record?	 o Never missed a day o Seldom missed a day (e.g., 1 to 2 days a year) o Sometimes missed a day (e.g., 3 to 5 days a year) o Occasionally missed a day (e.g., 6 to 10 days a year) o Frequently missed a day (more than 10 days a year) 				
How often would he or she say you were late for work?	 0 Never late 0 Seldom late (e.g., 1 to 2 times a year) 0 Sometimes late (e.g., 3 to 5 times a year) 0 Occasionally late (e.g., 6 to 10 times a year) 0 Frequently late (more than 10 times a year) 				
Employer:	Type of Business:				
Address:	Phone Number:				
Employment Dates: FromTo	May we contact? o YES o NO				
Salary:	Reason for Leaving:				
Job Title:	Supervisor and Title:				
Description of Job and Duties: Suppose we were to call your supervisor at this place of busine	SS:				
How would he or she describe your job performance?	 O Outstanding O Above average O Average O Somewhat below average O I don't know 				
How would he or she describe your attendance record?	 o Never missed a day o Seldom missed a day (e.g., 1 to 2 days a year) o Sometimes missed a day (e.g., 3 to 5 days a year) o Occasionally missed a day (e.g., 6 to 10 days a year) o Frequently missed a day (more than 10 days a year) 				
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Employment (continued)				
Employer:	Type of Business:			
Address:	Phone Number:			
Employment Dates: FromTo	May we contact? o YES o NO			
Pay:	Reason for Leaving:			
Job Title:	Supervisor and Title:			
Description of Job and Duties:				
Employer:	Type of Business:			
Address:	Phone Number:			
Employment Dates: FromTo	May we contact? O YES O NO			
Pay:	Reason for Leaving:			
Job Title:	Supervisor and Title:			
Description of Job and Duties:				
Employer:	Type of Business:			
Address:	Phone Number:			
Employment Dates: FromTo	May we contact? o YES o NO			
Pay:	Reason for Leaving:			
Job Title:	Supervisor and Title:			
Description of Job and Duties:				
Employer:	Type of Business:			
Address:	Phone Number:			
Employment Dates: FromTo	May we contact? o YES o NO			
Pay:	Reason for Leaving:			
Job Title:	Supervisor and Title:			
Description of Job and Duties:				

			Periods of U	nemployment			
Account for all p	periods of unemp	loyment of one n	nonth duration or	more since you le	eft school until the	e present time.	
FROM:	FROM: TO: Please state what you were doing.						
Mo./Yr.	Mo./Yr.						
Mo./Yr.	Mo./Yr.						
Mo./Yr.	Mo./Yr.						
			Additional G	Qualifications			
What knowledg position you have		additional techni	ical expertise, an	d/or individual ca	pabilities do you	have which prep	pare you for the
List any job-rela	ited or other spec	cial recognitions	you have receive	d (i.e., awards, co	ommunity recogn	ition, etc.).	
Date available t	o begin work:						
List hours and c	lays you are ava	ilable to work:					
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
FROM							
то							
	Applicant Statement						
I have answered all questions to the best of my ability. If employed, I realize false information will be grounds for dismissal. I authorize any necessary inquiries as to my character, reputation, and ability and release those supplying any information from all liability. I understand that upon an offer of employment, I will be required to pass a drug test prior to employment. Also, I understand that upon an offer of employment, I may be required to pass a physical examination and provide proof of eligibility to work (legal work status).							
By signing my name below, I understand that nothing contained in this application or in the interview process is intended to create an employment contract between the dealership and myself. Should this application result in my employment, I will be employed at will. This means that I have a right to terminate my employment at any time and for any reason and the dealership retains a similar right.							
In compliance with the Fair Credit Reporting Act, we hereby notify you that for employment purposes we may request a consumer credit report in connection with your application for employment or in connection with your employment. A driving record for at least the last three years must be provided to the company from the appropriate state department of motor vehicles in order to be considered for employment.							
Stuckey Ford / Stuckey Subaru is a drug and alcohol free work place. We will make all offers of employment subject to the results of a drug and/or alcohol test. A copy of our complete drug and alcohol free work place policy is contained in our employee handbook.							
I hereby acknowledge that I have read and understand each of the above statements and that the information I have provided above is true and correct. In consideration of any employment I agree to conform to the rules and regulation of the company.							
Signature of Applicant: Date:							
L							