

An Equal Opportunity Employer

Employment Application

- A. Before you begin, carefully read and sign the acknowledgement on page 4.
- B. Please print all information, except for signing of your name in the acknowledgement on page 4, check yes or no elsewhere.
- C. Answer all questions. Mark as N/A (not applicable) those questions which do not apply to you.

Date: Pe			Position you are applying for:			Desired Salary:		
Date you can start: How you were referred to				s?				
Personal	Information							
Name:		Phone Number:		Social Security Number:				
Home Address	s: (number, street, city, s	state, zip o	code)					
Were you previously employed by Superior? Yes No If YES, please give dates and location.			Do you have any relatives employed by Superior? If YES, give name of relative and location.					
Are you under 18 years of age?			Yes No	Do you have the legal right to work in the U.S.? Yes No				
Please indicate an	y other names under which yo	ou have work	sed or obtained education	n (for reference checking pur	rpose).			
Education		G		1 25.				
School	Nome Address (lifty			Major		Years		
	Name, Address, City	, state		najor		ompleted	Graduated?	
High School	rvanic, Address, City	, state		- Inaugor			Yes No	
High School College	rvanic, Address, City	, State		Tagor			☐ Yes ☐ No ☐ Yes	
	rvanic, Address, City	, State					☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes	
College	Tvalite, Address, City	, State					☐ Yes ☐ No ☐ Yes ☐ No	
College Graduate School Technical	Tvalite, Address, City	, State					☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes	
College Graduate School Technical Training Other Training	rved in the U.S. Military		e any duties or speci		Co	ompleted	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	

Special Skills Can you type? Yes ☐ No WPM: Can you operate a personal computer? Yes No What operating system? ____ Windows ___ DOS ___ MAC ___ Other: __ What software do you know? ____MS Word ____Word Perfect ____Excel ___Lotus ___PowerPoint Other: What types of office equipment are you familiar with? Do you have any other special skills we should be aware of in considering your application? Are you able to perform all the essential functions of the position for which you are applying with or ☐ Yes □ No without an accommodation? If you require reasonable accommodations to perform the essential functions of the job for which you are applying, please state what those accommodation are. **Shift Choices** I am willing to work: __ Days ____ Evenings ____ Nights ____ Weekends ____ Holidays ____ Overtime ____ No Preference If you are unable to work certain hours, please explain: **Driving Experience** Many of our positions require employees to drive for the company. If you are applying for such a job, list any moving violation you have had in the last three years. Can you operate a standard shift vehicle? ☐ Yes □ No **Activities and Achievements** List professional, trade, business, or civic activities and offices held. Exclude those which indicate race, religion, sex, color or national origin. List honors and/or awards received. **Miscellaneous** Have you ever been convicted of a crime or have you entered a plea of guilty or no contest to a criminal offense in the past ten years, which have not been annulled, expunged, or sealed by a court? Conviction will not necessarily bar employment. Yes No If yes, please explain in full.

Employment History

List all positions held for the past 10 years beginning with your current or most recent position. Include periods of unemployment, military service and/or schooling.

Firm:	Address: (number, street, city)				
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Position(s) held:		Mo.	Yr.	Mo.	Yr.
Name and Title of Supervisor:	Phone Number:				
Name and The of Supervisor.	I hone rumber.				
Brief Description of Responsibilities:		Starting	: \$		
Brief Description of Responsionness.		Ending:	\$		
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Reason for Leaving:		Add'l Iı	ncome:	\$	_ycai
Firm:	Address: (number, street, city)				
		Fre		Т	
Position(s) held:		Mo.	Yr.	Mo.	Yr.
Name and Title of Supervisor:	Phone Number:				
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Brief Description of Responsibilities:		Starting	: \$		
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Reason for Leaving:		Add'l Iı			
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Firm:	Address: (number, street, city)				
	Tradition (manifest, sures, entry)	Fre			0
Position(s) held:		Mo.	Yr.	Mo.	Yr.
Name and Title of Supervisor:	Phone Number:				
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Brief Description of Responsibilities:		Ending:			
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Acknowledgement By Applicant

- The information I will provide in this application for employment is true, correct and complete. If employed by Superior any misstatement or omission of fact on this application may result in my dismissal.
- I understand that acceptance of an offer of employment does not create a contractual obligation upon Superior to continue to employ me in the future. I understand that any employment shall be on an at will basis with Superior. Both Superior and I have the right to terminate employment and compensation at any time, for any reason, with or without cause.
- I understand that no person, supervisor or representative except the President of Superior or a designated officer has the authority to make any changes in these terms or conditions of employment or to enter into any agreement, either written or oral, for any employment for any specific period of time. Any such change must be signed by the President of Superior, or his/her designated office in a document captioned "Employment Agreement."
- I understand that any offer of employment is contingent upon my passing a drug screen test. I further understand that, if required by the essential job related functions of the position for which I have received an offer of employment, I will be required to submit to a physical examination administered by a physician to determine my physical fitness for work.
- 5. If Superior decides to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize them to do so. If a report is obtained, Superior must provide, at my request, the name and address of the agency so I may obtain from them the nature and subject of the information contained in this report.
- I also hereby release all persons, firms, corporations and/or organization from any liability for any damages whatsoever from issuing information that may be sought in connection with this application concerning my work habits, characters, educations, or skill, or my action in any transaction.
- In the event this application results in employment with Superior, I agree to comply with the rules and regulations established for the general operations of Superior and to further comply with the rules and regulations established in the department to which I am assigned. I further understand that such rules and regulations may be altered, added to, or eliminated at any time.

Signature of Applicant	DATE
omnany Statements	

1. Superior is an equal opportunity employer and does not discriminate on the basis of race, creed, color, sex, age, national

- origin, disability, or other characteristic protected by law. However, the completion of an application does not in any way obligate Superior to provide employment to you.
- This application will be kept in an active file for a period of three months. Should you have a question about your status during that three month period after filing this application, do not hesitate to call us. If after a three month period, you have not been contacted and are still interested in seeking employment with Superior you should file a new application for employment.

PLEASE COMPLETE IN FULL:

CONFIDENTIAL For Statistical Use Only

Superior Automotive Group is an Equal Opportunity Employer and we do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, State or Local law. The information requested below will be used only in the compilation of data for Affirmative Action reporting.

Completion of this data is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment, if hired. Identification can be declared at any time prior to or, if applicable, after hire.

Please return this page with your completed application and/or resume.

Position Applied For:	Date:
Name:	
Sex: (check)MaleFemale	
ETHNIC GROUP: (Please check one of the descriptions below corresponding to the ethnic gro	up with which you most identify.)
American Indian or Alaskan Native (Not Hispanic or Lapeoples of North America and South America (including Cent community attachment.	
Asian (Not Hispanic or Latino) – A person having origins Asia, or the Indian subcontinent including, for example, Camb Philippine Islands, Thailand and Vietnam.	
Black or African American (Not Hispanic or Latino) – Africa.	person having origins in any of the Black racial groups of
Native Hawaiian or Other Pacific Islander (Not Hispanipeoples of Hawaii, Guam, Samoa, or other Pacific Islands.	ic or Latino) – A person having origins in any of the original
White (Not Hispanic or Latino) – A person having origins the Middle East.	in any of the original peoples of Europe, North Africa, or
Hispanic or Latino – A person of Mexican, Puerto Rican, culture or origin regardless of race.	, Cuban, Central or South American, or other Spanish
Two or More Races (Not Hispanic or Latino) – All pers races.	ons who identify with more than one of the above five