

Attention Applicant

Please make sure to thoroughly fill out each page.

Thank you.

**SMAC Motors, Inc. dba
Traditions Chevrolet
BACKGROUND CHECK
AUTHORIZATION**

Name: First _____ Middle _____ Last _____

List any other names used (nickname, maiden/married last names): _____

Social Security Number _____ Date of Birth _____ Sex M F

Telephone Number _____ E-mail address _____

Street Address _____

City _____ State _____ Zip _____

Driver's License # _____ State Issued _____

In chronological order (earliest to latest), list all additional cities/states and zip codes in which you have resided during the last seven (7) years.

To the extent permitted by applicable law, I hereby consent to and authorize *by SMAC Motors Inc dba Traditions Chevrolet* and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the "Company"), to procure consumer report(s), which may include criminal background check(s), and/or investigative consumer report(s) (as defined by applicable California state law), on my background from a consumer reporting agency ("CRA") or from an investigative consumer reporting agency ("ICRA"), as described in the **Background Check Disclosure**, the **Additional Disclosures**, and the **California State Law Disclosures (Non-Credit)** (all of which I have received separately from the Company). I have reviewed and understand the information, statements, and notices in the **Background Check Disclosure**, the **Additional Disclosures**, and the **California State Law Disclosures (Non-Credit)**, as well as this **Background Check Authorization**. My authorization remains valid throughout my employment with the Company, such that, to the extent permitted by applicable law, I agree Company can procure additional consumer report(s), which may include criminal background check(s), during my employment without providing additional disclosures or obtaining additional authorizations. Except as otherwise prohibited by applicable law, I consent to and authorize the Company to share this information with Company's current or prospective clients, customers, others with a need to know, and/or their agents for business reasons (e.g., to place me in certain employment positions, jobs, work sites, etc.).

I understand that, if I am hired and begin work for Company, a consumer report will have been conducted on me.

For California, Minnesota, or Oklahoma applicants/employees only: If you would like to receive from the CRA, the ICRA, or the Company (as applicable) a copy of the report that Company may procure, please check this box.

_____(Applicant Initial)

_____(Date Initialed)

**SMAC Motors, Inc. dba
Traditions Chevrolet**

BACKGROUND CHECK DISCLOSURE

A consumer report is a background check in which information (which may include, but is not limited to, criminal background, driving background, character, general reputation, personal characteristics, and mode of living) about you is gathered and communicated by a consumer reporting agency ("CRA") SMAC Motors Inc dba Traditions Chevrolet or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the "Company").

Company may obtain a consumer report on you to be used for employment purposes.

_____(Initial here acknowledging receipt)

_____(Date)



Application for Employment

Position Desired: _____ Date: _____

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

No question on this application is intended to secure information to be used for a discriminatory purpose, as this company is an equal employment opportunity employer and does not discriminate on the basis of race, color, religion, sex citizenship, nation origin, age, veteran or marital status, disability or any other legally protected status.

APPLICANTS STATEMENT OF UNDERSTANDING AND AUTHORIZATION.

I understand Hut this application will be given every consideration, but its receipt does not imply that the applicant will be employed.

I understand and authorize the company to obtain a consumer report on my financial and credit record as well as an investigative consumer report whereby information is obtained through personal interview with neighbors, friends and other with whom I am acquainted. This investigation includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigative consumer report. I give my permission to the company to contact any of the former employers or reference shown below to verify the information I have given and I authorize previous employers to release all records of my employment, including assessments of my job performance, ability and fitness.

I understand that the company may require a Motor Vehicle Record (MVR) report.

I understand that the company reserves the right to require a conditional offer of employment medical examination as well as periodic physical or medical examinations, a pre-employment as well as post-employment drug/ alcohol test, to the extent permitted by law. I understand that a polygraph examination, to the extent permitted by law, may be given by the company during my employment.

I hereby state that the information given by me in this application is true in all and I agree that if I am employed and the information is to be false in any respect that I may be dismissed.

Should I be employed I understand that such employment will not result in an employment contract for any specific term.

Signature of Applicant: _____ Date: _____

Name: _____

Address: _____
Number & Street Name City State Zip

Phone Number: _____ Secondary Number: _____

Are you over the age of 18? [] Yes [] No If no, employment is subject to verification that applicant is of minimum legal age.

Are you legally authorized to work in the U.S.? [] Yes [] No

Do you have a valid driver's license? [] Yes [] No

Exp. Date: _____ Any restrictions on license? [] Yes [] No If yes, explain:

843 Main St, East Bernard, TX 77435

979-335-7913 Office

979-335-4096 Fax



Do you hold any other operator's permits? Yes No If yes, explain: _____

Do you hold a commercial driver's license? Yes No

Have you ever been convicted of a felony or misdemeanor, excluding a traffic violation? Yes No

A conviction does not automatically mean you will not be offered a job. What you were convicted, the circumstances surrounding the conviction, and how long ago the conviction occurred are important,

Please give all facts: _____

Have you been convicted of a DWI or DUI? Yes No

If yes, give date and detail of each conviction _____

Have you ever been refused a surety bond? Yes No If yes, state reason and date: _____

EDUCATION	Name & Location	Major Subjects	Degree/Diploma
College			
Business School			
Vocational			
High School			
Other			

Please provide any additional information such as skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application:

CHARACTER REFERENCES

List person who you know well— Not previous employers or relatives

Name	Occupation	Address	Telephone	Years Known

843 Main St, East Bernard, TX 77435

979-335-7913 Office

979-335-4096 Fax

RECORD OF PREVIOUS EMPLOYMENT

List names of employers, consecutive order, with most recent first. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR.

Employer	Employed From	Starting Pay	Position/Title	Supervisor
Address				
City/State/Zip	Employed To	Ending Pay	Reason for Leaving	
Telephone				
Employer	Employed From	Starting Pay	Position/Title	Supervisor
Address				
City/State/Zip	Employed TO	Ending Pay	Reason for Leaving	
Telephone				
Employer	Employed From	Starting Pay	Position/Title	Supervisor
Address				
City/State/Zip	Employed To	Ending Pay	Reason for Leaving	
Telephone				

Explain any gaps in your employment history set forth above: _____

How soon could you start: _____ Employment desired: Full Time Part Time temporary

What days and hours if part-time? Days _____ Hours _____

Rate of expected pay? _____ Are you presently employed? Yes No

If yes, why do you desire to change? _____

How long have you worked in automotive business? _____

What cars do you know best? _____

Have you been certified by the National Institute for Automotive Service Excellence? Yes No

If yes, what areas: _____

843 Main St, East Bernard, TX 77435

979-335-7913 Office

979-335-4096 Fax



Have you ever worked for this company before? Yes No

GENERAL INFORMATION

Repairs and Service Department - Actual Experience - Please Check

- | | | | | |
|--|---------------------------------------|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Service Manager | <input type="checkbox"/> Shop Foreman | <input type="checkbox"/> Machinist | <input type="checkbox"/> Mechanic Helper | <input type="checkbox"/> Electrician |
| <input type="checkbox"/> Body Person | <input type="checkbox"/> Paint Person | <input type="checkbox"/> Helper | <input type="checkbox"/> Radio | <input type="checkbox"/> Trimmer |
| <input type="checkbox"/> Polisher | <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Porter | <input type="checkbox"/> Janitor | <input type="checkbox"/> Parts Clerk |
| <input type="checkbox"/> Lubrication | <input type="checkbox"/> Car Washer | <input type="checkbox"/> Delivery | <input type="checkbox"/> Parts Manager | |

Sales Department/ Office

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Sales Manager | <input type="checkbox"/> Truck sales | <input type="checkbox"/> New car sales | <input type="checkbox"/> Used Car Sales |
| <input type="checkbox"/> Fleet Sales | <input type="checkbox"/> Finance & Insurance Manager | <input type="checkbox"/> Office Manager | |
| <input type="checkbox"/> Bookkeeper | <input type="checkbox"/> Cashier | <input type="checkbox"/> Secretary - Stenographer | <input type="checkbox"/> Clerk |

APPLICANTS CERTIFICATION:
 I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is a ground for dismissal. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information that they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I agree to conform to the rules and the regulations of the company. I understand that if an offer of employment is extended that it is conditioned upon completing the Federal I-9 form and providing documents establishing identity and work authorization. I understand that this employment application and any other company documents are not promises of employment. I understand that my employment can be terminated with or without cause and with or without notice at any time, at the option of either the company or myself. I understand that no manager or representative of the company, other than the president, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Signature _____ Date _____

Office Use - Do Not Write Below This Line

Employed Date	Department	Pay
---------------	------------	-----

SMAC Motors, Inc. d/b/a Traditions Chevrolet
Attn: Michelle Smith
msmith@traditionschevrolet.com

DISCLOSURE OF INTENT TO OBTAIN A MOTOR VEHICLE RECORD

In compliance with the Fair Credit Reporting Act, we hereby notify you that we will request your Motor Vehicle Record, in connection with either your application for employment or your current employment. The Fair Credit Reporting Act considers a Motor Vehicle Record a "consumer report".

This disclosure also is to inform you that our insurance agency, Higginbotham on behalf of our insurance company, will request your Motor Vehicle Record, which under normal practice will consist of your driving record from the appropriate state department of motor vehicles. The purpose of Higginbotham requesting a report will be for business insurance underwriting purposes. Higginbotham is not your employer or prospective employer and will not make any employment decision relating to you.

CERTIFICATION OF RECEIPT OF DISCLOSURE AND AUTHORIZATION TO OBTAIN A MOTOR VEHICLE RECORD

I acknowledge that I have received a copy of this "Disclosure of Intent to Obtain a Motor Vehicle Record." The name and address of the agency gathering the Motor Vehicle Record is Higginbotham, located at 1826 N Loop 1604 W, Suite 375 San Antonio TX 78248. san Antonio local: 210-979-7470. Toll free 1-800-374-7470. I understand that I have a right to dispute my Motor Vehicle Record regarding inaccurate information, by directly contacting Higginbotham.

I voluntarily authorize you to obtain a Motor Vehicle Record in connection with my application for employment or my employment. I also voluntarily authorize Higginbotham to obtain my Motor Vehicle Record for business insurance underwriting purposes. I understand that Higginbotham is not my employer or prospective employer.

I understand and agree that I can revoke this authorization only in writing and the revocation will be effective only upon receipt.

_____ Signature	_____ Date		
_____ *PRINT NAME	_____ Print other names under which records may be listed		
_____ *DRIVER'S LICENSE #	_____ *STATE	_____ *DATE OF BIRTH	_____ <u>*LICENSE EXP DATE</u>
_____ *POSITION APPLIED FOR			

*Date of birth information will be used by the consumer reporting agency to try to insure an accurate report. It will not be used in any employment decision. The Age Discrimination in Employment Act prohibits discrimination against persons 40 years of age or older.

Dealer: Please email this form to mvr.coordinator@higginbotham.net

For insurance purposes, the consumer report obtained by Higginbotham finds this individual to be:

- ACCEPTABLE UNACCEPTABLE RECORD NOT FOUND