

Application for Employment

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer



We do not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, veteran or disability status. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

INSTRUCTIONS

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for your signature on the back of the application. All information that you provide on this application will be held in strict confidence. If available, please submit a resume along with your completed application.

Job Applied For: _____ Today's Date: _____

Are you seeking: Full-time Part-time Temporary or Summer Employment?

When are you available for employment? _____

Where did you hear about this position: Newspaper ad Jobline Friend Other _____
 Employee Referral: From whom? _____

PLEASE COMPLETE WITH AS MUCH DETAIL AS POSSIBLE

PERSONAL DATA

Last Name First Name M.I. Telephone

Current Street Address City State Zip Code

Are you 18 years of age or older? Yes No

Can you provide documents which show identity and authorization to work in this country?
 Yes No

If you are applying for a job which may require you to drive a vehicle at any time, the following information must be filled out to check your driving records (the company's insurance will not cover personal vehicles).

Driver's License Number: _____ Driver's License Expiration Date: _____

State in which driver's license was issued: _____

MILITARY STATUS

Branch of Service From: _____ To: _____ Yes No
Active Duty Service Are you a reserve member?

What were your service duties? _____

GENERAL INFORMATION

Have you previously worked at one of our dealerships? Yes No If yes, when? _____

Have you previously applied for work at one of our dealerships? Yes No If yes, when? _____

Are you currently being charged with a criminal offense and waiting trial?
 Yes No If yes, explain? _____

Have you ever been convicted of a traffic offense? Yes No If yes, when? _____
 If previous answer is yes, please provide information about the offense: _____

Have you ever been convicted of a misdemeanor or felony offense? Yes No If yes, when? _____
 If previous answer is yes, please provide year(s), date(s), state(s), and nature of conviction: _____

Are you now, or do you expect to be engaged in any other business or employment: Yes No
 If previous answer is yes, please explain: _____

EDUCATION

Name, address and location of school attended:	Highest Grade Level Achieved	Did you Graduate	Dates you Attended
High School			
College / University or Trade school:			

College Major:	Degree:
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Additional education, vocational or technical training information:	Courses Taken	Course Completed	Dates you Attended
School:			
School:			
School:			

ADDITIONAL INFORMATION

Is any additional information relative to change of name, use of assumed name or nickname necessary to enable us to check your work history: Yes No

Are you presently employed? Yes No If yes, may we contact your present employer? Yes No

WORK HISTORY

Please list the names of employers in consecutive order, with the present or last employer listed first. Please account for all periods of time including military service and any periods of unemployment. If self-employed, please provide name of firm and supply business references. **INCLUDE MONTH AND YEAR IN ALL DATES.**

Name of employer	Name of last Supervisor	Employed	Pay
Address		From:	Start:
City, State, Zip Code		To:	Final:
Telephone	Duties		
Title/Position:			
Reason for leaving:			

Name of employer	Name of last Supervisor	Employed	Pay
Address		From:	Start:
City, State, Zip Code		To:	Final:
Telephone	Duties		
Title/Position:			
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Name of employer	Name of last Supervisor	Employed	Pay
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City, State, Zip Code		To:	Final:
Telephone	Duties		
Title/Position:			
Reason for leaving:			

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SPECIAL SKILLS

What skills or additional training do you have that relates to the job for which you are applying?

What machines or equipment can you operate that relates to the job for which you are applying?

Do you type? Yes No How many words per minute? _____

How proficient are you with: Microsoft Word [1 - 10] _____
 Microsoft Excel [1 - 10] _____
 Microsoft PowerPoint [1 - 10] _____

Do you have any other skills that you wish to mention: _____

REFERENCES

Give three references who are not relatives or former employers:

Name	Address	Phone	Occupation

AFFIDAVIT

PLEASE READ AND CHECK EACH STATEMENT CAREFULLY BEFORE SIGNING

- I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

- I understand that the employer may request an investigative report from a consumer agency. I understand that information contained in these reports may result in an adverse employment decision. I understand that I have the right to make a written request within a reasonable amount of time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

- I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers, and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

- I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

- I understand that I may be required to successfully pass a drug screening examination. I hereby consent to a pre-employment or post-employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT OR GUARANTEED EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read and understand the above statements in this affidavit and by my signature consent to these statements.

Signature: _____ Date: _____