

Employment Application



**WE ARE AN EQUAL OPPORTUNITY EMPLOYER
APPLICANT'S STATEMENT**

I understand that this application will be given every consideration, but it is not a promise of employment.

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 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 the authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

- A. I understand that the Company reserves the right to require me to submit to a medical, including a drug/alcohol test, prior to employment and at any time during my employment, to the extent permitted by law, I also understand that I may be required to take other tests, such as personality and honesty tests, prior to employment and during my employment.

- B. I understand that the Company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I hereby state that all of the information that I provide on this application and in any interview is true and accurate. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

X _____
Signature of Applicant

Applicant Information										
Full Name:				Date:						
<i>Last</i>			<i>First</i>		<i>M.I.</i>					
Address:		<i>Street Address</i>				<i>Apartment/Unit #</i>				
<i>City</i>					<i>State</i>		<i>ZIP Code</i>			
Phone: ()		E-mail Address:								
Date Available:		Social Security No.:			Desired Salary:		\$			
Position Applied for:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time								
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>							
If yes, explain:										
Do you have a valid driver's license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>							

License No. State Expiration Date

Have you been cited for a traffic violation of any kind within the last FIVE years? Yes No If yes, please give date and details. _____

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? Yes No If yes, please give date and details of each: _____

NOTE: Answering "yes" to this question does not constitute an automatic bar to employment.

Education

High School:				Address:			
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
College:				Address:			
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other:				Address:			
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:

References

Please list three professional references.

Full Name:				Relationship:			
Company:				Phone:		()	
Address:							
Full Name:				Relationship:			
Company:				Phone:		()	
Address:							
Full Name:				Relationship:			
Company:				Phone:		()	
Address:							

Employment-Current Employer First

Company:				Phone:		()	
Address:				Supervisor:			
Job Title:				Starting Salary: \$		Ending Salary: \$	
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:		To:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:		To:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been terminated or asked to resign from any job? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain circumstances:			

Please explain fully any gaps in your employment history: _____			

May we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain: _____			

ADDITIONAL INFORMATION – Please indicate any actual experience you have in any of the following positions:			
OFFICE <input type="checkbox"/> Office Manager <input type="checkbox"/> Bookkeeper <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> Accounts Payable <input type="checkbox"/> Payroll Clerk <input type="checkbox"/> Tag/Title Clerk <input type="checkbox"/> Warranty Clerk <input type="checkbox"/> Data Entry <input type="checkbox"/> Cashier	SALES <input type="checkbox"/> Sales Manager <input type="checkbox"/> Sales Person (new Car) <input type="checkbox"/> Sales Person (Used Car) <input type="checkbox"/> Sales Person (Truck) <input type="checkbox"/> F&I Manager <input type="checkbox"/> Leasing Manager <input type="checkbox"/> Fleet Manager <input type="checkbox"/> Truck Manager <input type="checkbox"/> Used Car Manager	SERVICE/REPAIR <input type="checkbox"/> Service Manager <input type="checkbox"/> Service Writer/Advisor <input type="checkbox"/> Dispatcher <input type="checkbox"/> Shop Foreman <input type="checkbox"/> Mechanic/Technician <input type="checkbox"/> Electrician <input type="checkbox"/> Helper <input type="checkbox"/> Painter <input type="checkbox"/> Body Repair <input type="checkbox"/> Get Ready	
PARTS <input type="checkbox"/> Parts Manager <input type="checkbox"/> Parts Counter <input type="checkbox"/> Parts Stocker <input type="checkbox"/> Parts Driver			

Health & Accident Record

Please describe your health: Excellent Good Fair Poor

Are you currently under a doctor's care or receiving medical treatment of any kind? YES NO If yes, please explain:

Date you last visited a doctor: _____ Name of doctor: _____

How much time have you lost from work during each of the last THREE years because of illness or injury?

Year	No. of days	Nature of illness or injury
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Have you been injured in an accident – including automobile accidents – during the last FIVE years? YES NO

If yes, how many on-the-job? _____ Other? _____

Do you have any physical or mental condition which would limit your ability to perform all of the duties of the job that you are applying for? YES NO If yes, please explain: _____

Military Service

Branch:		From:		To:	
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Rank at Discharge:		Type of Discharge:	
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If other than honorable, explain:	
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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 _____
Company City, State Zip

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: <input checked="" type="checkbox"/>	Date: _____
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