

APPLICATION FOR EMPLOYMENT

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

This dealership (Company) does not discriminate in hiring or employment on the basis of any categories protected by State or Federal law. No question on this application is intended to secure information to be used for such discrimination. The application will be given every consideration, but its receipt does not imply that the applicant will be employed. Inclusion of information on this application other than requested in the application will result in you being disqualified from consideration for this position or any other position.

This application is only valid for the specific position applied for. This Company only accepts applications for currently open positions. Once a position is filled, this Company does not retain any application for future consideration. Each open position applied for requires a new and separate application.

Please answer every question. Use **INK** and **PLEASE PRINT**.

FIRST	MIDDLE	LAST NAME	DRIVER'S LICENSE NUMBER (for jobs requiring vehicle operation)
STREET ADDRESS		CELL PHONE NUMBER	
CITY, STATE AND ZIP CODE		WORK TELEPHONE NUMBER	
EMAIL ADDRESS			

Length of time at the above address: _____ Years _____ Months

List previous address within the United States, except Military, if address changed during the past year.

STREET ADDRESS	CITY	STATE	ZIP CODE	FROM DATE	TO DATE

Type of work desired: _____

Date available for work: _____ Are you over 18 years of age? YES NO

GENERAL INFORMATION

If you have actual experience in any of the following - Please Check

<p style="text-align: center;">OFFICE</p> <input type="checkbox"/> office manager <input type="checkbox"/> office/clerical <input type="checkbox"/> bookkeeper <input type="checkbox"/> assistant bookkeeper <input type="checkbox"/> clerk <input type="checkbox"/> title clerk <input type="checkbox"/> cashier	<p style="text-align: center;">SERVICE DEPARTMENT</p> <input type="checkbox"/> service manager <input type="checkbox"/> shop supervisor <input type="checkbox"/> service salesperson <input type="checkbox"/> technician's helper <input type="checkbox"/> body repair technician <input type="checkbox"/> painter <input type="checkbox"/> detailer <input type="checkbox"/> trimmer (upholsterer)	<input type="checkbox"/> technician <input type="checkbox"/> general garage worker <input type="checkbox"/> lubrication technician <input type="checkbox"/> porter <input type="checkbox"/> janitor <input type="checkbox"/> security guard <input type="checkbox"/> car washer <input type="checkbox"/> utility service person
<p style="text-align: center;">SALES DEPARTMENT</p> <input type="checkbox"/> new car sales manager <input type="checkbox"/> used car sales manager <input type="checkbox"/> new car salesperson <input type="checkbox"/> used car salesperson	<p style="text-align: center;">PARTS DEPARTMENT</p> <input type="checkbox"/> parts manager <input type="checkbox"/> parts clerk <input type="checkbox"/> messenger	<p style="text-align: center;">OTHER</p> <p>Please list job titles:</p>

What position do you know best? _____

Have you ever been denied a surety bond? YES NO

If yes, explain: _____

EDUCATION

NAME OF INSTITUTION	ADDRESS	MAJOR COURSE OF SUBJECT	LAST YEAR COMPLETED (CIRCLE)	LAST ATTENDED MONTH & YEAR	DEGREE
High School or Preparatory					<input type="checkbox"/> YES <input type="checkbox"/> NO
Technical School			1 2 3 4		<input type="checkbox"/> YES <input type="checkbox"/> NO
College			1 2 3 4		<input type="checkbox"/> YES <input type="checkbox"/> NO
Graduate Work			1 2 3 4		<input type="checkbox"/> YES <input type="checkbox"/> NO

List scholastic honors, offices held, and activities in high school, college, technical school or other educational or civic organization which may be related to employment

Are you planning to pursue further studies? Yes No Day School Night School

EMPLOYMENT RECORD

Starting with PRESENT or MOST RECENT, list all previous employers. Include self-employment, summer and part-time jobs.

Name and Address of Employer	Dates Employed		Salary		Reason for Leaving
	From Mo. & Yr.	To Mo. & Yr.	Starting	Leaving	
Company Name					
Number and Street					
City, State and Zip Code					
Position & Duties					

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Company Name					
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Number and Street					
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Position & Duties					

If you need more space, please attach a separate sheet of paper

If you are now employed may we contact your present employer?

YES

NO

REFERENCES

Job related, please do not list relatives or personal friends.

NAME	OCCUPATION	ADDRESS, CITY & STATE	TELEPHONE NUMBERS	NUMBER OF YEARS THIS PERSON HAS KNOWN YOU

There are three (3) signatures required on this application. Each one covers an important part of the job-related information, and of your future employment, if you are hired. They are separate in order to emphasize each issue. You are urged to carefully read each before signing. If you have any questions, please ask the person who is taking this application, or the Business Manager.

REFERENCE AUTHORIZATION

I understand that references will be contacted, and that appropriate work-related references are not limited to those listed in my application.

I authorize this Company to contact and secure information about my educational background, work experience, credit rating, and to secure records of licensing, administrative, regulatory or any other governmental agency, and to contact any other information source relevant to employability. I hereby release this Company, its subsidiaries, officers and agents from liability for seeking such information, and all other persons, schools, corporations or organizations for furnishing such information.

DATE

SIGNATURE

In processing this employment application, we may request that an investigative consumer report be prepared, which may include information as to your employment, finances, and general reputation. You have the right to request that we completely and accurately disclose to you the nature and scope of the investigation requested. Such a request must be made in writing to this dealership withing a reasonable time after you complete this application. A separate information and authorization document will be provided if a consumer report is to be done.

DRUG TESTING

I understand and agree that a Drug Screening Test is a condition of application for employment, and will be done prior to employment. I understand that positive testing results may be grounds for refusal to hire.

I also understand and agree that the company reserves the right to require me to submit to a drug or alcohol screening test at any time after employment, and may also require me to submit to work-related medical examinations during the course of my employment.

DATE

SIGNATURE

CERTIFICATION OF TRUTHFULNESS & UNDERSTANDING OF EMPLOYMENT-AT-WILL

I certify that the facts contained in this application are true and I understand that any false or misleading statements, or omissions in this application may results in rejection of this application or, if hired, in discharge.

I understand that this Company is an Employer-At-Will, which means that if I am hired, my employment is for no definite period, and I may be terminated at the will of myself of my employer, at any time, without notice, for any reason, or for no reason. No employee of the company is authorized to promise me anything contrary to what is stated in this paragraph, and I may not rely on any such representations.

I also understand that all rules manuals, employee handbooks, or personnel policies are descriptive only. They do not form any sort of contract between myself and the employer, and they may be unilaterally changed, or not applied, as the employer believes to be in the best interest of the company at the time.

DATE

SIGNATURE