

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

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

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

Name of employer  Address  City, State, Zip Code	Name of last Supervisor	Employed	Pay
		From:	Start:
		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?

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

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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: \_\_\_\_\_

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### 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: \_\_\_\_\_