APPLICATION FOR EMPLOYMENT

Position Desired _____ ☐ Full Time ☐ Part Time

EQUAL OPPORTUNITY EMPLOYER

APPLICANT'S STATEMENT

I understand that this application is not a promise of employment.

I understand that if I am hired, my employment will not be for a definite period, regardless of the period of payment of my compensation. I further understand that I have the right to terminate my employment at any time and for any reason, and the Company may terminate my employment, at any time, for any reason, or no reason, with or without notice and with or without cause. The Company is an at-will employer. No one other than the President of the Company has the authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment. I understand that any offer of employment may be contingent upon the passing of a physical examination performed by a doctor selected by the Company. I understand that any time after I am hired, the Company may require me to submit to an alcohol and drug test, and, under certain circumstances, a physical examination, to the extent permitted by the Americans with Disabilities Act. I consent to the disclosure of the results of physical examination tests, drug and alcohol tests, and related tests to the Company, to the extent permitted by the Americans with Disabilities Act.

In connection with the Company's consideration of me for employment, continued employment, training, promotion, or reassignment, I understand that the Company or persons acting on its behalf may conduct investigative inquiries into my background that will include information regarding job references, personal references, criminal, consumer credit, driving, and other reports pertaining to me. These inquiries may include personal conversations with persons possessing knowledge relevant to these categories. These background inquiries will be conducted and reports obtained to provide the Company with job-related information regarding my character, general reputation, personal characteristics, work record, and skills and abilities, education and training, employment and experience, past job performance, reasons for termination of previous employment, and other pertinent information. 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 release any person or entity contacted by the Company from any and all liability for conducting such investigations and release any such person or entity from any and all liability for furnishing such information. I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, 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, complete and accurate. I understand that false statements, misrepresentations of facts or omissions may disqualify me for employment, or if I am employed, may result in my termination from employment.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT.

_____
Signature of Applicant

_____
Print Name

_____
Date

PERSONAL DATA

Name _____ Social Security No. XXX-XX-XXXX _____
(Print) Last Name First Middle

Present Address _____ How long have you lived there? _____
Street Number City State Zip Years Months

Previous Address _____ How long have you lived there? _____
Street Number City State Zip Years Months

Telephone No. _____ Are you 18 years of age or older? ☐ Yes ☐ No

Have you ever worked for this Company before? ☐ Yes ☐ No If yes, please give date, position and reason for leaving:

_____

_____

Do you have any friends or relatives working at the company? ☐ Yes ☐ No If yes, Name: _____

If a driver's license is required for the position for which you are applying, do you have a valid driver's license?

☐ Yes ☐ No _____
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 been convicted of a crime in the last twenty (20) years? ☐ Yes ☐ No

If yes, please give date and details of each: _____

Are you currently on parole or probation for a conviction? ☐ Yes ☐ No If yes, describe the conviction: _____

_____

NOTE: Conviction will not necessarily be a bar to employment. Each instance will be considered in relation to the position for which you are applying. Factors such as age of the conviction, time of events, seriousness and nature of the violation, and rehabilitation are taken into account.

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying, with or without a reasonable accommodation? ☐ Yes ☐ No

PERSONAL EDUCATION

	Elementary					High				College / University				Graduate / Professional			
School Name																	
Years Completed: (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe Course of Study or Major																	
Describe Specialized Training, Military Experience, Skills, and Extra-Curricular Activities																	

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give company name and supply business references. Use a separate sheet of paper if necessary.

Name of Present or Last Employer	Employed	Pay	Your Title or Position	Reason for Leaving
	From (mo. / yr.)	Start $		
Address				
City State, Zip Code	To (mo. / yr.)	Final $	Name of Last Supervisor	
Telephone				

Previous Employer	Employed	Pay	Your Title or Position	Reason for Leaving
	From (mo. / yr.)	Start $		
Address				
City State, Zip Code	To (mo. / yr.)	Final $	Name of Last Supervisor	
Telephone				

Previous Employer	Employed	Pay	Your Title or Position	Reason for Leaving
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City State, Zip Code	To (mo. / yr.)	Final $	Name of Last Supervisor	
Telephone				

Have you ever been terminated or asked to resign from any job? ☐ Yes ☐ No If yes, please explain circumstances: __________

Please explain fully any gaps in your employment history: __________

May we contact your current employer: ☐ Yes ☐ No If no, please explain: __________

REFERENCES

Please list persons who are not related to you and who know you well.

Name	Occupation	Address (Street, City and State)	Telephone Number	No. of Years Known

ADDITIONAL INFORMATION - Please indicate any actual experience you have in any of the following positions.

OFFICE

- ☐ Office Manager
- ☐ Bookkeeper
- ☐ Accounts Receivable
- ☐ Accounts Payable
- ☐ Payroll Clerk
- ☐ Tag/Title Clerk
- ☐ Warranty Clerk
- ☐ Data Entry
- ☐ Cashier

SALES / LEASING

- ☐ Sales Manager
- ☐ Sales Person (New Car)
- ☐ Sales Person (Used Car)
- ☐ Sales Person (Truck)
- ☐ F & I Manager
- ☐ Leasing Manager
- ☐ Fleet Manager
- ☐ Truck Manager
- ☐ Used Car Manager

SERVICE AND REPAIR

- ☐ Service Manager
- ☐ Service Writer / Advisor
- ☐ Dispatcher
- ☐ Shop Foreman
- ☐ Mechanic / Technician
- ☐ Electrician
- ☐ Helper
- ☐ Painter
- ☐ Body Repair
- ☐ Get Ready

PARTS

- ☐ Parts Manager
- ☐ Parts Counter
- ☐ Parts Stocker
- ☐ Parts Driver

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, COMPLETE AND ACCURATE, AND THAT THERE ARE NO OMISSIONS OR MISREPRESENTATIONS OF FACT.

Date

Signature of Applicant