



Riviera Auto

9759 Broadmoor Way
 Kelseyville, CA 95451
 Phone: 707-277-9582

Job Application

Date: _____

Personal Information

Last		First	MI	Home Phone	
Street Address		City	ST	Zip	Mobile Phone
If hired, can you verify that you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Email Address		
What position are you applying for?			Other names you've used		
Employment desired: <input type="checkbox"/> Full Time Only <input type="checkbox"/> Part Time Only <input type="checkbox"/> Full or Part Time					
Expected Hourly Rate	Date available to start work		Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Prior Work Experience

	Current or Most Recent		Prior		Prior	
Employer						
Address						
City, ST, ZIP						
Telephone						
Name of Immediate Supervisor						
Dates of Employment (Mo/Year)	From	To	From	To	From	To
Position/Job Title						
Rate of Pay	Start	End	Start	End	Start	End
Reason for Leaving						
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please explain any gaps in employment.						

Education

	Name/Location	Last Year Complete	Degree	Major or Emphasis
High School		9 10 11 12		
College/University		1 2 3 4		
Trade School				
Other				
List any applicable special skills, certificates, licenses, training, achievements, or proficiencies.				

Personal References

Please list references that we can contact who are not relatives or past employers already listed.

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, ST, ZIP			
Telephone			
Relationship			

Other Information

Do you have a valid CA driver license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, License#: _____ Expiration: _____ If no, explain: _____
Has your license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____
Do you have personal automobile insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____
Have you ever been denied personal automobile insurance or has it ever been terminated or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____
Have you ever been convicted of, pled guilty to, or pled nolo contendere (no contest) to a charge of DWI or DUI? <input type="checkbox"/> Yes <input type="checkbox"/> No Are any such charges currently pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to either question, explain: _____
Please list all moving traffic violations and accidents in the last five years (Offense or incident, date, location):
Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch: _____ Honorable Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No Applicable skills/training obtained:
Tell us about yourself...hobbies and interests you enjoy, organizations you are part of, volunteer work, achievements you are proud of, etc.
Did you complete this application yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who did? _____

Certification and Authorization

I certify that all information contained in this Job Application is true and complete. Any false, incomplete, incorrect or misleading information will render this application void, or if employed, will be grounds for dismissal.

I authorize the employers, educational institutions, and references identified on this application to release any information they may have on me.

All employment offers are made contingent on satisfactory completion of drug screening, and of background checks of past employment, criminal records, military records, education, and motor vehicle driving records. I'm willing to submit to drug testing to detect the use of drugs prior to and during employment.

I acknowledge that, if employed, both the company and I have the right to terminate the employment relationship at any time, with or without cause or advance notice. This employment at will relationship will remain in effect throughout my employment with the company and may not be modified by any oral or implied agreement.

Signature: I acknowledge that I have read and understand the above statements.	Date
---	-------------