

# APPLICATION FOR EMPLOYMENT

DATE: \_\_\_\_\_

Please complete every question on this form. Please print. The use of this application form does not mean there are job openings in our dealership and does not obligate the dealership in any way. Qualified applicants are considered without regard to race, color, religion, sex, national origin, age, handicap, disability, or any other factor prohibited by applicable law.

**NAME**

\_\_\_\_\_ Last Name First Name Middle Name

**PRESENT ADDRESS**

\_\_\_\_\_ Street and Number  
 \_\_\_\_\_ City State Zip

**SOCIAL SECURITY NUMBER** \_\_\_\_\_ **TELEPHONE NUMBER (Home)** \_\_\_\_\_

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

Name Address Phone Relation to You

**EDUCATION** (circle highest grade completed)

Grammar School 1 2 3 4 5 6 7 8 High School 9 10 11 12 College 1 2 3 4 Degree Received

Special training which the applicant has received to perform the position(s) for which the applicant has applied:

**POSITION APPLIED FOR**

**SALARY DESIRED \$** \_\_\_\_\_

- 1) Are you at this time at least eighteen (18) years of age? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2) Have you previously been employed by us? Yes \_\_\_\_\_ No \_\_\_\_\_
- 3) Do you have any relatives employed by us? Yes \_\_\_\_\_ No \_\_\_\_\_
- 4) Are you legally eligible for employment in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_
- 5) Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please complete:

State DL Number Expiration Date

- 6) Have you ever had your driver's license revoked or suspended for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_
- 7) Do you have reliable transportation? Yes \_\_\_\_\_ No \_\_\_\_\_
- 8) Is there anything which might prevent you from fully completing all of the tasks associated with the job(s) for which you have applied? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

- 9) Have you been convicted of any criminal offense within the last 7 years? Yes \_\_\_\_\_ No \_\_\_\_\_
- 10) Have you been released from confinement following a conviction for any criminal offense within the past 7 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to either question #9 or #10, please give the date, place, and nature of each conviction and an explanation. *Existence of a conviction will not necessarily preclude you from employment.*

**RECORD OF PREVIOUS EMPLOYMENT**

Do you have Actual Experience in any of the following? Please check all applicable:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Accounts Payable     | <input type="checkbox"/> Electrician            | <input type="checkbox"/> Mechanic          | <input type="checkbox"/> Porter          |
| <input type="checkbox"/> Accounts Receivable  | <input type="checkbox"/> F&I                    | <input type="checkbox"/> Mechanic Helper   | <input type="checkbox"/> Salesperson     |
| <input type="checkbox"/> Bodywork             | <input type="checkbox"/> General Garage Work    | <input type="checkbox"/> Messenger         | <input type="checkbox"/> Security        |
| <input type="checkbox"/> Bookkeeper           | <input type="checkbox"/> Helper                 | <input type="checkbox"/> Motorcycle Repair | <input type="checkbox"/> Service Manager |
| <input type="checkbox"/> Business Development | <input type="checkbox"/> Human Resources        | <input type="checkbox"/> Painter           | <input type="checkbox"/> Shop Foreman    |
| <input type="checkbox"/> Car Washer           | <input type="checkbox"/> Janitor                | <input type="checkbox"/> Parts Clerk       | <input type="checkbox"/> Trimmer         |
| <input type="checkbox"/> Chauffeur            | <input type="checkbox"/> Lubrication Specialist | <input type="checkbox"/> Parts Manager     | <input type="checkbox"/> Upholsterer     |
| <input type="checkbox"/> Computer Technician  | <input type="checkbox"/> Machinist              | <input type="checkbox"/> Polisher          |  |

**EMPLOYMENT HISTORY**

Month & Year of Employment		Name and Address of Employer (List most recent first)	Type of Work	Reason for Leaving	Average Weekly Earnings
FROM: /	TO: /	Name _____ Address _____ Supervisor _____ Phone _____			
FROM: /	TO: /	Name _____ Address _____ Supervisor _____ Phone _____			
FROM: /	TO: /	Name _____ Address _____ Supervisor _____ Phone _____			
FROM: /	TO: /	Name _____ Address _____ Supervisor _____ Phone _____			

- 1) May we contact the employers listed above to inquire about your character and performance? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2) Have you ever been terminated or asked to resign from any job? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, please explain the circumstances: \_\_\_\_\_
- 3) Please fully explain any gaps in your employment history: \_\_\_\_\_
- 4) How long has your work been connected with the automobile industry? \_\_\_\_\_
- 5) What makes of cars do you know best? \_\_\_\_\_

**REFERENCES**

Name	Occupation	Address	# of Years Known
1)			
2)			
3)			

**NOTICE:** Any false information provided by applicant on this application may result in removal from consideration for employment or termination of employment. 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.

**AUTHORIZATION**

I certify that the information in the Application is correct and complete. It is understood and agreed that any misrepresentation or omission of information in this Application may result in the cancellation of my application or my separation from employment regardless of when the misrepresentation or omission is discovered.

I authorize investigation of all statements and references contained in this Application to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may be terminated by either party at any time without any prior notice. This Application is not intended to be, nor does it constitute, a contract of employment.

I hereby acknowledge that I have read this Application and understand it fully.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

*Applicant: Do not write below this line*

RECORD OF INVESTIGATION	RECORD OF EMPLOYMENT
<i>Character References</i>	Employed: _____
1)	Assigned to: _____
2)	Basis of Pay: _____
3)	Date: _____ Dept: _____
<i>Former Employees</i>	History / Job Assignments / Pay Changes, etc. _____
1)	
2)	
3)	
4)	

## NOTIFICATION AND AUTHORIZATION TO OBTAIN A CONSUMER REPORT

I hereby authorize \_\_\_\_\_, and/or its designated agents or representatives, to cause a consumer report and/or investigative consumer report to be generated for employment purposes.

I understand that the scope of the consumer report may include, but is not limited to, the verification of social security number, current and previous residences, credit history, and/or a criminal background check.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to \_\_\_\_\_ and/or its agents.

I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release \_\_\_\_\_ and its agents, officials, representatives, or assigned agencies; including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time, provided I do so in writing.

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Print Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

Soc. Sec. Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(I.D. Purposes Only)

Drivers License Number/State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_