

APPLICATION FOR EMPLOYMENT

This company makes its employment decisions without regard to race, color, sex, national origin, religion, marital status, age, prior industrial injury, disability or any other protected classification unrelated to job performance.

NAME _____ DATE _____
(Last) (First) (Middle)

PHONE NUMBER _____ ALTERNATE PHONE NUMBER _____

PRESENT ADDRESS _____
(Street) (City) (State) (Zip Code)

NOTICE: Prior to employment, all applicants must prove they have a legal right to work in the U.S.A.

EMPLOYMENT DESIRED:

POSITION _____ DATE YOU CAN START? _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EMPLOYER'S NAME _____ IMMEDIATE SUPERVISOR _____

ADDRESS _____ CITY _____ PHONE NO. _____

DRIVING INFORMATION: (Complete ONLY if the position you are applying for will require you to drive in connection with your employment)

DRIVER'S LICENSE NUMBER? _____ STATE ISSUED _____

EVER HAD LICENSE SUSPENDED? _____ WHERE? _____ WHEN? _____ REASON? _____

EDUCATION: ELEMENTARY _____ YEARS _____ HIGH SCHOOL _____ YEARS _____

UNIVERSITY or COLLEGE _____ YEARS _____ MAJOR _____ DEGREE _____

CORRESPONDENCE or SPECIAL STUDY _____

NAME OF COLLEGE or TRADE SCHOOL ATTENDED _____

ABILITY TO PERFORM ESSENTIAL JOB FUNCTIONS:

ARE THERE ANY REQUIREMENTS OF THE JOB WHICH YOU MAY BE UNABLE TO PERFORM? YES ____ NO ____ IF YES, PLEASE EXPLAIN ANY REASONABLE ACCOMMODATIONS WHICH YOU MAY NEED. _____

In submitting this application for employment, I authorize investigation of all statements contained in it, and it is understood and agreed that any misrepresentation by me in this application may result in cancellation of the application and/or separation from the company's service if I have been employed. I consent to the release to the company of any and all medical information as may be deemed necessary by the company in judging my capability to perform the work for which I have applied. **I understand that drug screening may be required as a condition of employment.**

In consideration of any employment I agree to conform to the rules and regulations of the company. My employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself. I understand that no representative of the company except the General Manager has any authority to enter into any agreement for any specified time or to make any agreement contrary to the foregoing.

I certify I have read all of this application and that the information I have provided above is true and correct.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE

Interviewed By _____ Date _____

Motor Vehicle Report Ordered (if applicable). Brief summary of information obtained:

INS Form I-9 Completed.

Hired _____ For Department _____ Position _____ Will report _____

Salary, wages _____

Approved: 1. _____ 2. _____ 3. _____
Immediate Supervisor Department Manager General Manager

FORMER EMPLOYERS: (List below last four employers, starting with last one first)

Date Month and Year	Name, address and phone # of employer	Position	Immediate Supervisor	Reason for leaving
From				
To				
From				
To				
From				
To				

REFERENCES: Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Phone	Years Acquainted
1.				
2.				
3.				

ACTUAL EXPERIENCE IN ANY OF THE FOLLOWING - Please Check (✓)

REPAIR AND SERVICE DEPARTMENT

Do you have your own tools? Yes No

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Service Manager | <input type="checkbox"/> Brake and Wheel Align | <input type="checkbox"/> Metal Technician | <input type="checkbox"/> Gen. Garage Worker |
| <input type="checkbox"/> Service Salesperson | <input type="checkbox"/> Frame and Front End | <input type="checkbox"/> Painter | <input type="checkbox"/> Car Polisher |
| <input type="checkbox"/> Shop Supervisor | <input type="checkbox"/> Auto Transmission | <input type="checkbox"/> Paint Helper | <input type="checkbox"/> Car Washer |
| <input type="checkbox"/> Estimator | (State Makes) | <input type="checkbox"/> Upholsterer | <input type="checkbox"/> Used Car Lot Person |
| <input type="checkbox"/> Mechanic - Line | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Conv. Tops | <input type="checkbox"/> Chauffeur |
| <input type="checkbox"/> Mechanic - General | <input type="checkbox"/> Install Accessories | <input type="checkbox"/> Glass | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Mechanic's Helper | <input type="checkbox"/> Dispatcher | <input type="checkbox"/> Radios | <input type="checkbox"/> Porter |
| <input type="checkbox"/> Tune-up | <input type="checkbox"/> Tower Operator | <input type="checkbox"/> Radiators | <input type="checkbox"/> Janitor |
| <input type="checkbox"/> New Car Service Mechanic | <input type="checkbox"/> Electrician | <input type="checkbox"/> Lubrication | |

OFFICE

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> General Manager | <input type="checkbox"/> Bkpg. Machines (specify) | <input type="checkbox"/> Cashier - General | <input type="checkbox"/> Secretary - Steno |
| <input type="checkbox"/> Office Manager | <input type="checkbox"/> New Car Inventory | <input type="checkbox"/> Cashier - Service | <input type="checkbox"/> Shorthand speed _____ |
| <input type="checkbox"/> Asst. Office Manager | <input type="checkbox"/> Dealer Trades | <input type="checkbox"/> Cashier - Relief | <input type="checkbox"/> Typist - speed _____ |
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Contracts | <input type="checkbox"/> General Office Clerk | <input type="checkbox"/> Typist, electric _____ |
| <input type="checkbox"/> Bookkeeper - F.C. | <input type="checkbox"/> DMV | <input type="checkbox"/> Clerk - Typist | <input type="checkbox"/> PBX Operator |
| <input type="checkbox"/> Bookkeeper - Asst. | <input type="checkbox"/> Insurance Clerk | <input type="checkbox"/> Service Clerk | <input type="checkbox"/> PBX Relief |
| <input type="checkbox"/> Payroll | <input type="checkbox"/> Insurance Manager | <input type="checkbox"/> Repair Orders | |
| <input type="checkbox"/> A/R _____ A/P _____ | <input type="checkbox"/> Have Agents License | <input type="checkbox"/> Factory Claims | |
| <input type="checkbox"/> Journals (specify) | <input type="checkbox"/> Have Brokers License | <input type="checkbox"/> Insurance Billing | |
| <input type="checkbox"/> Internals | <input type="checkbox"/> Credit Manager | <input type="checkbox"/> Summaries | |
| <input type="checkbox"/> Summaries | <input type="checkbox"/> Notary | <input type="checkbox"/> Follow-up | |

PARTS DEPARTMENT

- | | |
|---|--|
| <input type="checkbox"/> Parts Manager | <input type="checkbox"/> Body Parts |
| <input type="checkbox"/> Parts Counter Specialist | <input type="checkbox"/> Truck Parts |
| <input type="checkbox"/> Stock Person | <input type="checkbox"/> Outside Sales |
| <input type="checkbox"/> Inventory | |
| <input type="checkbox"/> Pick-up and Delivery | |

SALES DEPARTMENT

- | | |
|---|---|
| <input type="checkbox"/> Sales Manager - New Cars | <input type="checkbox"/> Leasing Department |
| <input type="checkbox"/> Sales Manager - Used Cars | <input type="checkbox"/> Promotion |
| <input type="checkbox"/> Salesperson - New _____ Used _____ | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Truck Sales | <input type="checkbox"/> Fleet |
| <input type="checkbox"/> Recreational Vehicle | |