

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE - EQUAL OPPORTUNITY EMPLOYER

Date _____

Position Desired	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Salary Desired	Available Date
------------------	--	----------------	----------------

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER
APPLICANT'S STATEMENT**

I understand that this application will be given every consideration, but is not a promise of employment.

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has 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 medical examination, including a drug / alcohol test, prior to employment and at any time during my employment, to the extent permitted by law. I also understand that I may be required to take other tests, such as personality and honesty tests, prior to employment and during my employment.

I understand that the Company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends and others with whom I am acquainted or know me. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employer and I authorize those employers to disclose to the company all records pertinent to my employment with them. In addition to authorizing the release of any information regarding employment, 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 liabilities, 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 and accurate. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

Signature of Applicant

PERSONAL DATA (Please Print)

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER	HOME TELEPHONE NUMBER
PRESENT ADDRESS				
CITY	STATE	ZIP	HOW LONG AT THIS ADDRESS?	
PREVIOUS ADDRESS				
CITY	STATE	ZIP	HOW LONG AT THIS ADDRESS?	
E-MAIL				
WHO REFERRED YOU TO THIS COMPANY?				
<input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> FRIEND <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> STATE EMPLOYMENT AGENCY <input type="checkbox"/> WALK IN <input type="checkbox"/> INTERNET <input type="checkbox"/> OTHER (DESCRIBE) _____				

Are you 18 years of age or older? Yes No

Have you ever worked for this Company before? Yes No If yes, please give dates and position: _____

Do you have any friends or relatives working here? Yes No If yes, Name: _____ Relationship: _____

Do you have a means of transportation that will allow you to consistently arrive at work on time? Yes No

If a driver's license is required for the SPECIFIC position for which you are applying, do you have a valid driver's license? Yes No License No. _____ State Issued _____ Exp. Date _____

Have you been found guilty of a traffic violation of any kind within the last FIVE years? Yes No If yes, please give date and details: _____

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? Yes No If yes, give date and details of each: _____

NOTE: Answering "yes" to this question does not constitute an automatic bar to employment.

EDUCATION

	Elementary	High School	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, Special Computer Certifications, Skills and Extra-Curricular Activities, Including Honors and Awards				

(For additional information use separate sheet)

GENERAL INFORMATION

Can you provide documentation that you have the right to work in the United States? Yes No _____ (Your Initials)

List all computer programs in which you are proficient: _____

Can you type? Yes No If yes, please provide your average speed: _____ words per minute.

Are you available to work weekends and evenings if necessary? Yes No

Are you capable of completely performing the SPECIFIC job duties required of the position for which you are applying? Yes No

Can you meet the SPECIFIC attendance requirements of the job for which you are applying? Yes No

Did you have any unauthorized absences from your last job? Yes No

Do you currently use illegal drugs? Yes No

Have you illegally used drugs in the last two years? Yes No

Have you ever been convicted for the use, sale, or possession of illegal drugs? Yes No

Have you submitted any letters of recommendation you may have from previous employers? Yes No

Additional comments concerning above information: _____

EMERGENCY INFORMATION

In case of an accident or other emergency, who should we contact?

Name: _____ Relationship: _____

Home Address _____ Telephone _____
Street City State

Work Address _____ Telephone _____
Street City State

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 firm name and supply business references.

Name of Present or Last Employer	Employment		Your Title or Position	Reason for Leaving
Address -----	From (Mo./Yr.)	To (Mo./Yr.)		
City, State, Zip Code -----	Pay		Name of Last Supervisor	
Telephone ----- ()	Start	Final		
	\$	\$		
Name of Present or Last Employer	Employment		Your Title or Position	Reason for Leaving
Address -----	From (Mo./Yr.)	To (Mo./Yr.)		
City, State, Zip Code -----	Pay		Name of Last Supervisor	
Telephone ----- ()	Start	Final		
	\$	\$		
Name of Present or Last Employer	Employment		Your Title or Position	Reason for Leaving
Address -----	From (Mo./Yr.)	To (Mo./Yr.)		
City, State, Zip Code -----	Pay		Name of Last Supervisor	
Telephone ----- ()	Start	Final		
	\$	\$		
Name of Present or Last Employer	Employment		Your Title or Position	Reason for Leaving
Address -----	From (Mo./Yr.)	To (Mo./Yr.)		
City, State, Zip Code -----	Pay		Name of Last Supervisor	
Telephone ----- ()	Start	Final		
	\$	\$		
Name of Present or Last Employer	Employment		Your Title or Position	Reason for Leaving
Address -----	From (Mo./Yr.)	To (Mo./Yr.)		
City, State, Zip Code -----	Pay		Name of Last Supervisor	
Telephone ----- ()	Start	Final		
	\$	\$		

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:

CHARACTER REFERENCES

Please list persons who know you well - Not previous employers or relatives

Name	Occupation	Address (Street, City and State)	Phone Number	Years Known

ADDITIONAL INFORMATION - Please indicate any actual experiences 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
- Receptionist
- Other

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
- Rentals
- Other

SERVICE & REPAIR

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

PARTS

- Parts Manager
- Parts Counter
- Parts Stocker
- Parts Driver
- Other

OTHER

- Machinist
- Porter / Janitor
- Security
- Driver / Messenger
- Maintenance

DO NOT WRITE IN THIS SPACE - FOR INTERVIEWER'S USE ONLY

Interviewed by: _____ Department: _____ Date: _____

Comments: _____

DATE HIRED	FOR POSITION	FOR DEPARTMENT
------------	--------------	----------------

STARTING WAGES	PER	SUPERVISOR TO REPORT TO:
----------------	-----	--------------------------

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 understand and agree that as a condition of employment, I may be required to successfully complete a drug and/or alcohol screening test before becoming an employee. In addition, the company reserves the right to administer a drug and/or alcohol screening test to any and/or all employees at any time during their employment for any (or no) reason.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Date

Signature of Applicant

ATTENTION USER: It is the user's responsibility to ensure that this form and its use complies with applicable laws, which change from time to time. Seller assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state and/or federal law may be based. The interviewer should be knowledgeable of current laws and be careful not to discriminate in any way.