



# APPLICATION FOR EMPLOYMENT

The Civil Rights Act of 1964 prohibits in employment practices because of race, color, religion, sex or national origin. The Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are at least forty years of age. This Company adheres to the Immigration Reform Act of 1986.

**Please Print**

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

Present Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Previous Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Military Service (Branch, Years Served, Presently in Reserve or National Guard)

Have you ever been convicted of a crime excluding misdemeanors and traffic violations? ( ) Yes ( ) No — If yes, give details of each conviction.

Position Desired

Salary Required

Available Date

Have you worked here before? ( ) Yes ( ) No — If yes, when and position held.

ARE YOU COVERED ON ANOTHER PERSONS':

Life Insurance \_\_\_\_\_ Name of Company \_\_\_\_\_

Accident Insurance \_\_\_\_\_ Name of Company \_\_\_\_\_

Hospitalization \_\_\_\_\_ Name of Company \_\_\_\_\_

NAME OF EMPLOYER (For purposes of coordination of insurance coverages if applicable)

Who should be notified in case of emergency

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Is he/she a family member? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU HAVE A VALID DRIVERS LICENSE?

YES  NO STATE \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_

It may be necessary to obtain a copy of your driving record as a condition of employment. Do we have your permission to do so if necessary?  YES  NO

Please Initial Here \_\_\_\_\_

### EDUCATION

NAME & LOCATION OF SCHOOL (Give Name, City & State)	YEARS ATTENDED		GRADUATE?		MAJOR SUBJECTS & DEGREES (if any)	FAVORITE SUBJECT(S)
	From	To	Yes	No		
Grade School(s)						
High School(s)						
College(s)						
Business, trade, or corresp. schools						
Have you had any special courses in the automobile field? Yes <input type="checkbox"/> No <input type="checkbox"/>					If "yes" name or describe.	
While in school, what outside activities did you take part in? (Varsity or intramural sports, clubs, etc.)						

### RECORD OF PREVIOUS EMPLOYMENT

GIVE MONTH AND YEAR		TOTAL LENGTH OF SERVICE	NAME AND ADDRESS OF EMPLOYER	KIND OF WORK	REASON FOR LEAVING	AVERAGE WEEKLY EARNINGS
FROM	TO					
			Name . . . . . Address . . . . . Your Supervisor . . . . .			
			Name . . . . . Address . . . . . Your Supervisor . . . . .			
			Name . . . . . Address . . . . . Your Supervisor . . . . .			
			Name . . . . . Address . . . . . Your Supervisor . . . . .			
			Name . . . . . Address . . . . . Your Supervisor . . . . .			
			Name . . . . . Address . . . . . Your Supervisor . . . . .			

Are you presently employed? ( ) Yes ( ) No — If yes, may we contact your present employer? ( ) Yes ( ) No  
Also, explain any gaps in your employment history set forth above.

## SHOW ACTUAL EXPERIENCE BY CHECKING THE FOLLOWING

- |  |   |  |                                     |  |   |                                       |
|--|---|--|-------------------------------------|--|---|---------------------------------------|
| <input type="checkbox"/> Service Manager   | <input type="checkbox"/> Electrician    | <input type="checkbox"/> Trimmer (Upholsterer) | <input type="checkbox"/> Chauffeur  | <input type="checkbox"/> Polisher      | <input type="checkbox"/> Used Car Salesperson | <input type="checkbox"/> Bookkeeper   |
| <input type="checkbox"/> Shop Supervisor   | <input type="checkbox"/> Body Mechanic  | <input type="checkbox"/> Motorcycle            | <input type="checkbox"/> Porter     | <input type="checkbox"/> Parts Manager | <input type="checkbox"/> New Car Salesperson  | <input type="checkbox"/> Cashier      |
| <input type="checkbox"/> Computer Operator | <input type="checkbox"/> Painter        | <input type="checkbox"/> Gen. Garage Worker    | <input type="checkbox"/> Janitor    | <input type="checkbox"/> Parts Clerk   | <input type="checkbox"/> Truck Salesperson    | <input type="checkbox"/> Sec'y.-Steno |
| <input type="checkbox"/> Mechanic          | <input type="checkbox"/> Helper         | <input type="checkbox"/> Lubrication           | <input type="checkbox"/> Security   | <input type="checkbox"/> Messenger     | <input type="checkbox"/> Office Manager       | <input type="checkbox"/> Clerk        |
| <input type="checkbox"/> Mechanic Helper   | <input type="checkbox"/> Radio          | <input type="checkbox"/> Service Dispatcher    | <input type="checkbox"/> Car Washer | <input type="checkbox"/> Sales Manager | <input type="checkbox"/> Receptionist         | <input type="checkbox"/> Typist       |
| <input type="checkbox"/> Dynamometer       | <input type="checkbox"/> Service Writer | <input type="checkbox"/>                       | <input type="checkbox"/>            | <input type="checkbox"/>               | <input type="checkbox"/>                      | <input type="checkbox"/> EDP          |

Business Machines Used:

Are you able to perform the various functions of the job for which you applied? ( ) yes ( ) no

As a condition of employment, you may be required to undergo a pre-employment health examination consistent with the Americans with Disabilities Act.

### PERSONAL REFERENCES

(Give Persons Who Know You Well - Not Previous Employers or Relatives)

Name	Occupation	Address <i>(Street, City and State)</i>	No. of Year These Perso. Have Known

### APPLICANT'S ACKNOWLEDGMENT

(Read Carefully)

I hereby state that the information given by me on this employment application is true in all respects, and I agree that if I am employed and the information is found to be false in any respect, that I will be subject to dismissal without notice. Should I be employed, I understand that my employment will be on a probationary basis for a period of ninety days from my date of hire, and that before the expiration of that period, I may be discharged at the sole discretion of the company. Likewise, I may terminate my employment without notice, and no adverse entries will be made on my personnel records. I further understand that the completion of the probationary period will not result in an employment contract for any specific term. I further understand that during my tenure of employment, I may be asked to submit to polygraph (lie detector) or similar tests only if administered in accordance with Federal law. I also understand that as a condition to commencement of employment, the employer may ask medical questions concerning my ability to perform job functions and require a pre-employment health examination or medical test (including drug tests). I further understand that after commencement of employment I may be asked at anytime to submit to a medical test (including drug tests) and I agree to submit to such an examination. I understand that the refusal to take any medical examination or requested test after commencement of employment may result in termination of employment at the time so refused. I further authorize the company to conduct an investigation into the facts stated in this application including, if necessary, an investigative consumer report or law enforcement report to which I might make a written request as to the nature and contents of such a report if once obtained. I give my permission to the company to contact former employers or references by telephone or in writing to verify the information I have given, and authorize prior employers to release all records of my employment including assessments of my job performance.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**FOR OFFICE PURPOSES ONLY**

DISPOSITION \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_

STARTING RATE \_\_\_\_\_

JOB CLASSIFICATION/DEPARTMENT \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_

INTERVIEWER'S REMARKS AND RECOMMENDATIONS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES CHECKED BY (Reference check results, if any, should be kept on a separate sheet.):**

NAME \_\_\_\_\_ DATE \_\_\_\_\_