

Location:
Application for Employment



Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Please Print

Name _____ Social Security # _____ - -
 Last First Middle
 Address _____
 Street City State Zip Code
 Telephone # () Cell/Other Phone # () E-mail Address _____
 Position(s) applied for _____ Date of application ____ / ____ / ____

Referral Source (please check the appropriate category and name the source.)

<input type="checkbox"/> Walk-in	<input type="checkbox"/> Website	<input type="checkbox"/> Print Advertisement
<input type="checkbox"/> Employee	<input type="checkbox"/> Job Fair	<input type="checkbox"/> Other

Are you over 18 years of age? Yes No

Have you ever been employed here before? Yes No

If YES, give date(s), position(s), and location (s) _____

Are you legally eligible for employment in this country? Yes No

Date available for work ____ / ____ / ____

What is your desired salary range or hourly rate of pay?
 \$ _____ Per _____

Type of employment desired:
 Full-Time Part-Time Temporary

Driver's license number required if driving may be required in the job for which you are applying:

_____ State _____

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, Or been convicted of a felony? Yes No

If YES, please provide date(s) and details. _____

Educational Background

HIGH SCHOOL	School	Did you graduate? Yes No Diploma GED	Additional Information
	Address		
	Last Year Completed 8 9 10 11 12		
COLLEGE	School	Did you graduate? Yes No Type of Degree	Course of Study, Major
	Address		
	Last Year Completed FRESH SOPH JR SR		
TECHNICAL, BUSINESS OR GRADUATE	School	Did you graduate? Yes No Type of Degree	Course of Study, Major
	Address		
	Last Year Completed FRESH SOPH JR SR		

References: List name and telephone numbers of three business/work references whom you worked for or reported to. (not listed on work history)

Name	Title	Relationship To You	Telephone	Years Known
			()	
			()	
			()	

Employment History: Starting with your most recent employer, provide the following information.

Employer ()	Telephone # ()	Date employed: Month / Year to Month / Year
Street Address City State	Compensation (Starting)	
Starting job title/final job title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ Per
Immediate supervisor and title (for most recent position held)	Compensation (Final)	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ Per
Why did you leave?		
Summarize the type of work performed and job responsibilities.		
Employer ()	Telephone # ()	Date employed: Month / Year to Month / Year
Street Address City State	Compensation (Starting)	
Starting job title/final job title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ Per
Immediate supervisor and title (for most recent position held)	Compensation (Final)	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ Per
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Immediate supervisor and title (for most recent position held)	Compensation (Final)	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ Per
Why did you leave?		
Summarize the type of work performed and job responsibilities.		

Applicant Statement

- I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.
- I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all the information provided by me in this application, resume' or job interview. I waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.
- I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.
- I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.
- If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice. The application does not constitute an agreement or assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the company's owner.
- I understand that the company has a drug-free workplace policy and that a screening may be required after an offer of employment is made. The commencement and continuation of employment may be contingent upon successful completion of a substance screening. The result will be held in confidence by the Company except where release is required under law or at my written request.
- In accordance with the Immigration and Reform Act of 1986, proof of authorization to be employed in the United States will be required of all employees. Failure to establish such proof will prohibit or discontinue employment.
- I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____ / ____ / ____

Consent And Release Form

DRUG FREE WORKPLACE PROGRAM

I, _____, as an employee/applicant of the Dealership, herby acknowledge that the company's policy requires me to submit a sample of my urine for chemical or other analysis.

I further understand that the purpose of the analysis is to determine or rule out the presence of any alcohol or controlled substances in my urine. It is also to determine if any prescription drug or non-prescription drugs are present in levels sufficient to place me "under the influence" or otherwise "impair" my ability to perform my job.

I herby freely and voluntarily consent to this request for a urine specimen and agree to participate in the testing program.

I herby and herewith release the company, its employees, agents, contractors, workman's compensation insurance carrier, and laboratory testing facility from any and all liability whatsoever arising from this request for a urine sample, from the testing of the urine sample, and from decisions made concerning my application for or continuation of employment based upon the results of the analysis.

I agree to cooperate in all aspects of the testing program. I understand that refusal to take this test or attempts to adulterate my urine sample shall result in either a denial of my application for employment, or if already employed, my termination of employment.

I further acknowledge that the company has provided me with an opportunity to ask questions related to its drug testing program and that all my inquiries have been answered.

Employee/ Applicant Signature: _____

Date: _____