

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
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WE ARE AN EQUAL OPPORTUNITY EMPLOYER APPLICANT'S STATEMENT

I understand that this application is not a promise of employment. If I am hired, my employment will be for no definite period, such 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, and any such agreement or modification must be in writing.

I understand that the Company reserves the right to require me to submit to medical examinations and drug/alcohol tests, prior to and during employment, as permitted by law. I also understand that I may be required to take other tests, such as personality and honesty tests, prior to and during my employment, as permitted by law.

I authorize the Company to investigate my background, character, reputation, personal characteristics, driving record, employment history, and criminal record, including obtaining investigative reports, as permitted by law. I expressly authorize all individuals with such knowledge to release information to the Company, including but not limited to references I've listed herein, my prior employers, and all individuals associated with them. I hereby fully waive any and all claims arising directly or indirectly from such disclosures and their use, whether the disclosures are favorable or unfavorable to me.

I hereby state that all the information that I have provided on this application, and all information I will provide in the application, interview and hiring process will be true and accurate. 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				CELL PHONE NUMBER
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 _____

If the position you seek may involve operating a motor vehicle, 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? Note: Answering "yes" to this question does not constitute an automatic bar to employment. Yes No If yes, give date and details of each: _____

NOTE: A separate FCRA form must be executed to obtain investigative reports from third parties about an applicant. Some states prohibit questions about criminal history, such as those which have been expunged. Consult the rules of the states in which you operate prior to asking questions about an applicant's criminal history.

To Reorder: Specify Item #820 Form EMP-1 Revised (10/11)

EDUCATION

	High School	College / University	Graduate / Professional
School Name			
Years completed: (Circle)	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 and/or Skills pertaining to the position for which you are applying			

(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 (if applicable to the job you seek):

Can you type (if applicable to the job you seek)? 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 performing the essential job functions of the position for which you are applying, with or without reasonable accommodation of any disability? 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 ever been convicted for the use, sale, or possession of illegal drugs? Yes No

Note: Some states prevent questions about marijuana convictions and minor drug related offenses.

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
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Address -----	From (Mo./Yr.)	To (Mo./Yr.)		
City, State, Zip Code -----	Pay		Name of Last Supervisor	
Telephone ----- ()	Start	Final		
	\$	\$		

Have you ever been involuntarily terminated or asked to resign from any job? Yes No
 If yes, please explain the 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 the maximum extent permitted by law, 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.