

APPLICATION FOR EMPLOYMENT

Position Desired _____ Full time Part time Date _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER APPLICANT'S STATEMENT

I understand that this application 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 or cause and the Company has the same right. No one rather than the President of the Company has the authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be in writing and signed by the authorized agent.

I understand that the Company reserves the right to require me to submit to a medical examination after an offer of employment has been made. I also understand that a drug/alcohol test may be required prior to employment and at any time during my employment to the extent permitted by applicable 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 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 additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers 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 my 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 liability, claims, 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

SOLICITUD DE EMPLEO

Posicion deseada _____ Tiempo completo Tiempo medio Fecha _____

SOMOS PATRONES DE OPORTUNIDAD IGUAL DECLARACION DEL ASPIRANTE

Entiendo que esta solicitud en manera alguna constituye una promesa de empleo.

Entiendo que si soy contratado, mi empleo no sera por ningun periodo definido, cualquiera que sea el lapso por el cual se me abone un salario. Entiendo asimismo que tengo el derecho de dar por terminado me empleo en cualquier momento, con o sin preaviso o causa, y que la Compania tiene el mismo derecho. Solo el presidente de la Compania tiene autoridad para modificar esta relacion, o para proveer un acuerdo en contrario. En ese caso, tal modificacion o acuerdo debe constar por escrito y estar firmado por el agente autorizado.

Entiendo que la Compania tiene el derecho de requerirme que me someta a un examen medico, despues de que se me haya hecho una oferta de empleo. Entiendo tambien que se me puede requerir una prueba de laboratorio para la determinacion de alcohol o drogas, previamente a mi contratacion o en cualquier momento durante mi empleo, en la medida permitida por la ley vigente. Entiendo asimismo que se me pueden requerir otras pruebas para ejemplo, la evaluacion de la personalidad u honestidad, previamente a mi contratacion y durante mi empleo.

Entiendo que la Compania puede investigar mi historia como conductor de automotores y mis antecedentes delictivos, y que puede ademas investigame a traves de entrevistas con mis vecinos, amigos y otras personas de mi conocimiento. Esta averiguacion incluye aspectos tales como mi caracter, reputacion general, caracteristicas personales y modo de vida. Por mi parte, entiendo que tengo el derecho de presentar un requerimiento por escrito, dentro de un periodo de tiempo razonable, para obtener mas informacion acerca de la naturaleza y alcance de esta averiguacion. Entiendo tambien que la Compania puede ponerse en contacto con mis empleadores anteriores, a quienes autorizo a informaria acerca de todo lo antinente a mi empleo con ellos. Ademas de autorizar la comunicacion de mis antecedentes como empleado, por la presente renuncio a cualquier derecho o demanda que pueda tener en contra de mis previos empleadores, sus agentes, empleados y resentantes. Lo mismo se aplica a cualquier otro indiviuo que provea informacion sobre mi a la Compania a quienes declaro exentos de responsabilidad respecto de reclamos por danos que puedan resultar del uso de la informacion provista por cualquier persona o personas, ya sea que tal informacion me resulte favorable o desfavorable.

Por la presente declaro que toda la informacion que proveo en esta solicitud, y en cualquier entrevista, es verdadera y exacta. Entiendo que si soy contratado, y cualquier parte de tal informacion resulta ser falsa en cualquier aspecto, puedo ser despedido sin mas tramite.

NO FIRME HASTA QUE NO HAYA LEIDO DICHA DECLARACION

Firma del aspirante

Name _____
(Print) Last Name First Middle

Social Security No. _____

Present Address _____
Street and Number City State Zip

How long have you lived there? _____
Years Months

Previous Address _____
Street and Number City State Zip

How long did you live there? _____
Years Months

Telephone No. _____

Are you 18 years of age or older? Yes No

Have you ever worked for the 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: _____

Do you have a reliable means of transportation to travel to and from work which will allow you to consistently arrive at work on time? Yes No

If a driver's license is required for the position for which you are applying, do you have a valid driver's license?

Yes No

License No. State Expiration Date

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

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

Rate of pay expected: _____

EDUCATION

	Elementary				High School	College/University	Graduate/ Professional
School Name							
Years Completed:							
Diploma/Degree							
Describe Course Of Study or Major							
Describe Specialized Training, Military Experience, Skills, and Extra-Curricular Activities							

HEALTH & ACCIDENT RECORD

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No. If no, please explain: _____

What accommodations would you require during the course of a job interview or any objective testing which would be performed in the applicant's selection process? None Please describe: _____

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	Employed	Pay	Your Title or Position	Reason for Leaving
Address	From (mo./yr.)	Start \$		
City, State, Zip Code	To (mo./yr.)	Final	Name of Last Supervisor	
Telephone		\$		
Previous Employer	Employed	Pay	Your Title or Position	Reason for Leaving
Address	From (mo./yr.)	Start \$		
City, State, Zip Code	To (mo./yr.)	Final	Name of Last Supervisor	
Telephone		\$		
Previous Employer	Employed	Pay	Your Title or Position	Reason for Leaving
Address	From (mo./yr.)	Start \$		
City, State, Zip Code	To (mo./yr.)	Final	Name of Last Supervisor	
Telephone		\$		
Previous Employer	Employed	Pay	Your Title or Position	Reason for Leaving
Address	From (mo./yr.)	Start \$		
City, State, Zip Code	To (mo./yr.)	Final	Name of Last Supervisor	
Telephone		\$		
Previous Employer	Employed	Pay	Your Title or Position	Reason for Leaving
Address	From (mo./yr.)	Start \$		
City, State, Zip Code	To (mo./yr.)	Final	Name of Last Supervisor	
Telephone		\$		

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: _____

Please list persons who know you well, not previous employers or relatives.

Name	Occupation	Address	Telephone No.	No. of Years Known

ADDITIONAL INFORMATION – Please indicate any actual experience you have in any of the following positions:

<input type="checkbox"/> Office	<input type="checkbox"/> Sales/Leasing	<input type="checkbox"/> Service/Repair	<input type="checkbox"/> Parts
<input type="checkbox"/> Office Manager	<input type="checkbox"/> Sales Manager	<input type="checkbox"/> Service Manager	<input type="checkbox"/> Parts Manager
<input type="checkbox"/> Bookkeeper	<input type="checkbox"/> Sales Person (New Car)	<input type="checkbox"/> Sales Writer/Advisor	<input type="checkbox"/> Parts Counter
<input type="checkbox"/> Accounts Receivable	<input type="checkbox"/> Sales Person (Used Car)	<input type="checkbox"/> Dispatcher	<input type="checkbox"/> Parts Stocker
<input type="checkbox"/> Accounts Payable	<input type="checkbox"/> Sales Person (Truck)	<input type="checkbox"/> Shop Foreman	<input type="checkbox"/> Parts Driver
<input type="checkbox"/> Payroll Clerk	<input type="checkbox"/> F & I Manager	<input type="checkbox"/> Mechanic/Technician	<input type="checkbox"/> Reconditioning
<input type="checkbox"/> Tag/Title Clerk	<input type="checkbox"/> Leasing Manager	<input type="checkbox"/> Electrician	<input type="checkbox"/> Detailer
<input type="checkbox"/> Warranty Clerk	<input type="checkbox"/> Fleet Manager	<input type="checkbox"/> Helper	<input type="checkbox"/> Other
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Truck Manager	<input type="checkbox"/> Painter	<input type="checkbox"/>
<input type="checkbox"/> Cashier	<input type="checkbox"/> Used Car Manager	<input type="checkbox"/> Body Repair	<input type="checkbox"/>

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

Date

Signature of Applicant