



# APPLICATION FOR EMPLOYMENT

## PRE-EMPLOYMENT QUESTIONNAIRE - EQUAL OPPORTUNITY EMPLOYER

Date \_\_\_\_\_

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

### 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 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 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
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Present Address
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City	State	Zip	How long have you lived at this address?
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Previous Address
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City	State	Zip	How long have you lived at this address?
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Who referred you to this Company?				
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Friend	<input type="checkbox"/> State Employment Office	<input type="checkbox"/> Other (Describe)

Are you 18 years or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever worked for this company before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please give dates and position: _____
Do you have any friends or relatives working here?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Name: _____ Relationship: _____
Do you have means of transportation that will allow you to consistently arrive at work on time?			<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	License No. _____ State Issued _____ Exp. Date _____
Have you ever been found guilty of a traffic violation of any kind within the last FIVE years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please give dates and details: _____

Have you ever pled guilty or 'no contest' to a crime or been convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please give dates and details of each: _____
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NOTE: Answering "yes" to this question does not constitute an automatic bar to employment.

**EDUCATION**

	Elementary	High School	College / University	Graduate / Professional
School Name				
Location				
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, Skill and Extra-Curricular Activities Honors and Awards				

(For additional information use a separate sheet)

**GENERAL INFORMATION**

How much do you weigh? \_\_\_\_\_ lbs. How tall are you? \_\_\_\_\_ ft. \_\_\_\_\_ in.

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

How many days were you absent from your job last year? \_\_\_\_\_

Did you have any unauthorized absences from your job last year?  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

How well do you handle stress?  Excellent  Good  Fair  Poor

Do you smoke?  Yes  No If yes, would you work in a non-smoking environment?  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 Zip

**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.

Names of Present Employer	Employed	Pay	Your Title or position	Reason for Leaving
	From (Mo/Yr)	Start:		
Address		\$		
City, State, Zip Code	To (Mo/Yr)	Final	Name of Last Supervisor	
Telephone		\$		
Names of Present 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		\$		
Names of Present Employer	Employed	Pay	Your Title or position	Reason for Leaving
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City, State, Zip Code	To (Mo/Yr)	Final	Name of Last Supervisor	
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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: \_\_\_\_\_


**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:

<b>OFFICE</b>	<b>SALES \ LEASING</b>	<b>SERVICE &amp; REPAIR</b>	<b>PARTS</b>
<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"/> Service 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	<b>OTHER</b>
<input type="checkbox"/> Tag/Title Clerk	<input type="checkbox"/> Leasing Manager	<input type="checkbox"/> Electrician	<input type="checkbox"/> Machinist
<input type="checkbox"/> Warranty Clerk	<input type="checkbox"/> Fleet Manager	<input type="checkbox"/> Helper	<input type="checkbox"/> Porter / Janitor
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Truck Manager	<input type="checkbox"/> Painter	<input type="checkbox"/> Security
<input type="checkbox"/> Cashier	<input type="checkbox"/> Used Car Manager	<input type="checkbox"/> Body Helper	<input type="checkbox"/> Driver / Messenger
<input type="checkbox"/> Receptionist	<input type="checkbox"/> Rentals	<input type="checkbox"/> Get Ready	<input type="checkbox"/> Maintenance

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

Interviewed By: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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

\_\_\_\_\_ Date

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