
DEALERSHIP NAME

LOCATION

APPLICATION FOR EMPLOYMENT

Position desired _____ Full time ___ Part time Date _____

Type of work desired 1. _____ 2. _____

Available to start work _____
Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT'S STATEMENT

I understand that this application will be given every consideration, but it 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 the 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 may investigate my driving record. I further understand that the Company may contact my previous employers and references. I authorize those employers and references to disclose all pertinent information and records to the Company.

I hereby state that all 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 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

Name _____ Social Security Number _____
(Print) Last Name First Middle

Present Address _____ How long have you lived there? _____
Street and Number City State Zip Years/Months

Previous Address _____ How long have you lived there? _____
Street and Number City State Zip Years/Months

Telephone Number _____

Have you ever worked for this company? Yes No If yes, give dates and position: _____

Are you at least 18 years of age? Yes No

How would you get to and from work? _____

Do you have a valid driver's license? Yes No _____
License No. State Expiration Date

Have you ever been cited for 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? Yes No

If yes, please give date and details: _____

NOTE: answering "yes" to this question does not constitute an automatic bar to employment.

EDUCATION

	Elementary	High	College/University	Graduate/Professional
School Name				
Years Completed:	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, Military Experience, Skills and Extra Curricular Activities				

TO BE COMPLETED BY APPLICANTS FOR CLERICAL OR ADMINISTRATIVE POSITIONS

Do you type? Yes No If yes, how many words per minute? _____

Do you take shorthand? Yes No If yes, how many words per minute? _____

Business machine experience: _____

Bookkeeping experience: _____

Have you ever been bonded? Yes No Name of bonding company: _____

Have you ever been refused bonding? Yes No If yes, please explain: _____

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your previous employers in chronological order with present employer listed first. Be sure to account for all periods of employment. If self-employed, give firms and supply business references. **IMPORTANT:** Omit dates of employment for jobs held more than 5 years ago.

Name of present or last employer	Employed	Pay	Your Title or Position	Reason for Leaving
Address	From	Start \$		
City State Zip	To	Final \$	Name of last Supervisor	
Telephone				
Name of present or last employer	Employed	Pay	Your Title or Position	Reason for Leaving
Address	From	Start \$		
City State Zip	To	Final \$	Name of last Supervisor	
Telephone				
Name of present or last employer	Employed	Pay	Your Title or Position	Reason for Leaving
Address	From	Start \$		
City State Zip	To	Final \$	Name of last Supervisor	
Telephone				
Name of present or last employer	Employed	Pay	Your Title or Position	Reason for Leaving
Address	From	Start \$		
City State Zip	To	Final \$	Name of last Supervisor	
Telephone				
Name of present or last employer	Employed	Pay	Your Title or Position	Reason for Leaving
Address	From	Start \$		
City State Zip	To	Final \$	Name of last Supervisor	
Telephone				

Have you ever been terminated? Yes No If yes, please explain: _____

Please explain fully any gaps in your employment history: _____

Have you ever been unemployed for longer than 6 months? Yes No If yes, explain: _____

May we contact your current employer? Yes No If no, please explain _____

REFERENCES

Please list persons who know you well. Do not list previous employers or relatives.
All persons listed must have known you for at least two years.

Name	Occupation	Address (Street, City and State)	Telephone Number

ADDITIONAL INFORMATION - Please indicate any actual experience you may 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

SALES/LEASING

- Sales Manager
- Sales Person (New Car)
- Sales Person (Used Car)
- Sales Person (Truck)
- Leasing Manager
- Fleet Manager
- Truck Manager
- Used Car Manager

SERVICE AND REPAIR

- Service Manager
- Service Writer/Advisor
- Dispatcher
- Shop Foreman
- Mechanic
- Electrician
- Helper
- Painter
- Body Repair
- Get Ready

PARTS

- Parts Manager
- Parts Counter
- Parts Stocker
- Parts Driver

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

Date

Signature of Applicant