

# APPLICATION FOR EMPLOYMENT

(AN EQUAL OPPORTUNITY EMPLOYER)

*We will not discriminate based upon race, color, religion, sex, national origin, citizenship, age, height, weight, marital status, veteran status, disability, familial status, or any other protected category. Individuals with disabilities may request accommodation in the application process.*

Date: \_\_\_\_\_

Name \_\_\_\_\_ Social Sec. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
LAST FIRST MIDDLE

Present Address \_\_\_\_\_  
STREET CITY STATE ZIP

Permanent Address \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Referred by? \_\_\_\_\_

Are you 18 years or older? Yes  No

Are you currently authorized to work in the United States? Yes  No

Do you have reliable transportation? Yes  No

Have you ever been convicted of a crime? Yes  No

If so, When? \_\_\_\_\_ Where? \_\_\_\_\_

What was the nature of the offense? \_\_\_\_\_

U.S. Military or Naval Service \_\_\_\_\_ Rank upon Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Duties: \_\_\_\_\_

**\*NOTE: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation and rehabilitation will be considered. Nor will a dishonorable discharge from the military necessarily be a bar to employment.**

Employment Desired \_\_\_\_\_

Position Applied For. \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

Ever applied to this Company before? Yes  No

Where? \_\_\_\_\_ When? \_\_\_\_\_

Education \_\_\_\_\_

NAME & LOCATION	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	REASON FOR LEAVING?
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HIGH SCHOOL \_\_\_\_\_

COLLEGE \_\_\_\_\_

OTHER \_\_\_\_\_

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## FORMER AND CURRENT EMPLOYERS

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LIST ALL FORMER AND CURRENT EMPLOYERS WITHIN THE PAST 10 YEARS (If employed, list most recent employer first)

DATE MONTH & YEAR From- To-	NAME & ADDRESS OF EMPLOYERS	SALARY	POSITION	STATE EACH & EVERY REASON FOR LEAVING AND/OR TERMINATION OF EMPLOYMENT	NAME & PHONE NUMBER OF IMMEDIATE SUPERVISOR
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FROM \_\_\_\_\_

TO \_\_\_\_\_

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FROM \_\_\_\_\_

TO \_\_\_\_\_

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FROM \_\_\_\_\_

TO \_\_\_\_\_

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FROM \_\_\_\_\_

TO \_\_\_\_\_

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**BE SURE YOU HAVE NOT OMITTED ANY EMPLOYER REGARDLESS OF DURATION AND NATURE**  
(REQUEST EXTRA PAPER IF NECESSARY)

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**REFERENCES:** LIST PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

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	NAME	ADDRESS	PHONE	BUSINESS	YEARS ACQUAINTED
1.					

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2.

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3.

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I authorize the references and employers listed above to provide you any and all information concerning my previous employment and any pertinent information they may have, and release you and all parties from any liability for any damages that may result from furnishing same to you. I waive any written notice of the release of such information to the Company.

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SIGNATURE

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DATE

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**DRIVING EXPERIENCE**

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Answer the following question(s) only if the box next to the question is checked.

- During the last 3 years have you, as a driver, been involved in any vehicle accidents, regardless of vehicle type (car, truck cycle, etc.), regardless of who was at fault, and regardless of location (highway, parking lot, terminal, etc.)? Yes  No

If yes, how many? \_\_\_\_\_ For each, please indicate:

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DATE	TIME	CITY	STATE	TYPE OF VEHICLE DRIVEN
NO. VEHICLES INVOLVED			NO. INJURED	KILLED

DESCRIBE ACCIDENT

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WERE YOU GIVEN A TICKET?	FOR WHAT?	EMPLOYMENT RELATED?
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DATE	TIME	CITY	STATE	TYPE OF VEHICLE DRIVEN
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NO. VEHICLES INVOLVED	NO. INJURED	KILLED
<small>(REQUEST EXTRA PAPER IF NECESSARY)</small>		

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**DRIVER'S LICENSE INFORMATION**

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Answer the following question(s) only if the box next to the question is checked.

- Do you currently hold a valid driver's license? Yes  No

If no, please explain: \_\_\_\_\_

- List the following for each current valid driver's license you currently hold

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STATE	LICENSE NUMBER	EXP. DATE	CLASS
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STATE	LICENSE NUMBER	EXP. DATE	CLASS
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- During the past five years, have you had any driver's license not listed above? Yes  No   
If yes, for each, list:

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STATE	LICENSE NUMBER	EXP. DATE	CLASS
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STATE	LICENSE NUMBER	EXP. DATE	CLASS
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**DRIVER'S LICENSE INFORMATION - *Continued***

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Has your driver's license, permit, or driving privilege ever been denied, suspended or revoked?  
Yes  No  If yes explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been issued a probationary license, occupational license or other restricted license?  
Yes  No  If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted for driving under the influence of alcohol, narcotic drugs,  
amphetamines, or derivatives thereof?  No  If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

During the past 3 years, have you ever been convicted of, or forfeited bond for any traffic  
violations other than parking? Yes  No  If yes, for each, please list:  
\_\_\_\_\_

STATE	LICENSE NUMBER	EXP. DATE	CLASS

(REQUEST EXTRA PAPER IF NECESSARY)

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**SHOW ACTUAL EXPERIENCE BY CHECKING THE FOLLOWING**

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- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Service Manager     | <input type="checkbox"/> General Garage Worker | <input type="checkbox"/> Cashier              |
| <input type="checkbox"/> Parts Manager       | <input type="checkbox"/> Lubrication Person    | <input type="checkbox"/> Secretary            |
| <input type="checkbox"/> Sales Manager       | <input type="checkbox"/> Porter                | <input type="checkbox"/> Stenographer         |
| <input type="checkbox"/> Office Manager      | <input type="checkbox"/> Car Washer            | <input type="checkbox"/> Clerk                |
| <input type="checkbox"/> Body Shop Manager   | <input type="checkbox"/> Janitor               | <input type="checkbox"/> Typist               |
| <input type="checkbox"/> Shop Foreperson     | <input type="checkbox"/> Watchperson           | <input type="checkbox"/> Bodyperson           |
| <input type="checkbox"/> Parts Person        | <input type="checkbox"/> Messenger             | <input type="checkbox"/> Polisher             |
| <input type="checkbox"/> Technician          | <input type="checkbox"/> Radio Technician      | <input type="checkbox"/> Bookkeeper           |
| <input type="checkbox"/> Technician's Helper | <input type="checkbox"/> Parts Clerk           | <input type="checkbox"/> Truck Salesperson    |
| <input type="checkbox"/> Warranty Clerk      | <input type="checkbox"/> New Car Prep          | <input type="checkbox"/> New Car Salesperson  |
| <input type="checkbox"/> Computer Operator   | <input type="checkbox"/> Biller                | <input type="checkbox"/> Used Car Salesperson |
| <input type="checkbox"/> PBX Operator        |  |   |

If applicable, check in which areas of repair you are certified by the Michigan  
Department of State:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Engine Tune Up                 | <input type="checkbox"/> Engine Repair        | <input type="checkbox"/> Brakes, Braking System       |
| <input type="checkbox"/> Front End and Steering Systems |   | <input type="checkbox"/> Manual Transmission          |
| <input type="checkbox"/> Electrical System              | <input type="checkbox"/> Front and Rear Axles | <input type="checkbox"/> Heating and Air Conditioning |

Mechanic's Certification No.: \_\_\_\_\_

1. I authorize the Company to make whatever inquiries it may deem necessary in connection with my application for employment.

As part of such inquiries, the Company has my permission to contact persons who may have information relating to my suitability for employment and to secure consumer reports (including investigative consumer reports).

I authorize and instruct any person or agency contacted to participate or conduct inquiries at its request, to compile information, and to furnish any information obtained as a result of such inquiries.

I further authorize the Company, in its sole discretion, to furnish copies of this authorization and my application to any person(s) and/or consumer reporting agency(ies) in connection with the above purposes. I agree to release you and all parties from any liability for any damages that may result from furnishing such information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

2. Information contained in reports obtained by the Company in accordance with the above authorization may include information pertaining to your character, general reputation, police record, personal characteristics, and mode of living. You have the right to request that the Company completely and accurately disclose to you the nature and scope of all investigations requested. Such a request must be made in writing to the personnel department within a reasonable period of time after your application for employment is received.

I hereby acknowledge that I have read the above disclosure statement and have understood it.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

3. I certify that the information in this application is complete and correct to the best of my knowledge and understand that any falsification, misrepresentation, or omission of this information is grounds for a rejection of this Application or dismissal of any employment if I am hired.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

4. If employed, I understand that if I am or become handicapped in need of accommodations for employment, I must notify the President in writing within 182 days after the need is known.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

5. In consideration of my employment, I agree to conform to the rules and regulations of the Company, and I agree that my employment and compensation can be terminated at any time with or without cause and with or without notice at the option of either the Company or myself. I understand that no officer or representative of the Company has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the President of the Company and any such agreement must be made in writing directed to me personally.

I further acknowledge that no one has made any representations or statements contrary to the company's at-will policy to me, either orally or in writing, and I acknowledge and understand that no one has the authority to make such representations or statements to the contrary in the future.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

6. I agree and understand that any action, suit or charge against the Company arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal Civil Rights statutes, must be brought within 180 days of the event, giving rise to the claim or be forever barred. I waive any limitation periods exceeding 180 days. I understand and agree any shorter limitation periods will still control.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

7. I certify that I am not currently bound by any non-compete agreement or other restrictive covenant, which would disqualify or prevent me from becoming employed by the company.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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