

PERSONAL REFERENCES

Please list persons who have known you for at least one year - not previous employers or relatives.

Name	Occupation	Address (Street, City and State)	Telephone No.	No. of Years Known

I certify that the information provided on the application is true and complete. I agree that if there is any misrepresentation or omission concerning the information on this application, any offer of employment to me may be withdrawn, and if I have already been hired, my employment may be terminated.

I understand that any offer of employment by this dealership is contingent upon (1) my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States, (2) successful completion of any preplacement physical exam and/or drug/alcohol test that may be required by the dealership, and (3) proof of valid driver's license and satisfactory driving record. I understand that my employment may be terminated at any time if the dealership determines or is notified by its insurer that I do not have a valid driver's license or a satisfactory driving record.

No promises concerning the nature or length of my employment have been made to me. If I am hired, I understand that I have the right to terminate my employment at any time, and for any reason. Unless I am covered by a collective bargaining agreement containing a contrary provision, I also understand that the dealership has the same right to terminate my employment at any time and for any reason. I understand that no one employed by the dealership has the authority to modify these conditions. I hereby release all persons, past and present employers, and educational institutions from any liability to me if they supply information to this dealership as part of an investigation.

My signature reflects that I have read, understood, and have agreed to these terms and conditions. I understand that this application will be considered active for only thirty (30) days, and that if I wish to be considered for employment after that, I must submit a new application.

Date: _____

 Applicant's Signature



**APPLICATION FOR EMPLOYMENT
 AN EQUAL OPPORTUNITY EMPLOYER**

PLEASE PRINT ANSWERS TO THE FOLLOWING QUESTIONS. TO BE CONSIDERED FOR EMPLOYMENT, ALL ITEMS MUST BE COMPLETED.

Position Desired _____ Date: _____
 Month Day Year

Date available to start work: _____

PERSONAL DATA

Name: _____
 (Print) Last Name First Middle

Present Address: _____
 Street and Number

City State Zip

Telephone No.: () _____
 Area Code

Social Security Number: _____

Are you 18 years of age or older? Yes No

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

Have you ever worked here before? Yes No If yes, give dates and position _____

Do you have any friends or relatives, other than spouse, working here? Yes No

If yes, Name: _____ Relationship: _____

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? Yes No If yes, please give date and details:

Have you ever been convicted of a crime? Yes No If yes, please give date and details of each:

(Note: Answering "yes" to this question does not constitute an automatic bar to employment. Surrounding circumstances will be considered including age, date of conviction, seriousness and nature of the crime.)

EDUCATION RECORD

Type of School	Name and Address	No. of Years Completed	Graduated	Course of Study or Major
High School	Name: _____ Address: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	Name: _____ Address: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational or Trade	Name: _____ Address: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Education or Training				

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of all of your previous employers in chronological order with present or last employer listed first. Do not omit any past employer. Be sure to account for all periods of time including military service, and any period of unemployment. If more space is needed, you must attach an additional page to this application so that you can include all past employment, military service, etc.

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

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

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

Have you ever been discharged, laid off, or asked to resign from any job? Yes No

If yes, please explain circumstances: _____

Please explain fully any periods in your employment history where you were not employed: _____

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