

APPLICATION FOR EMPLOYMENT

Position Desired _____ Date _____

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

No question on this application is intended to secure information to be used for a discriminatory purpose, as this company is an equal employment opportunity employer and does not discriminate on the basis of race, color, religion, sex, citizenship, national origin, age, veteran, Reserve, National Guard, marital status, disability, genetic information, or any other legally protected status. No policy is intended to violate any protection under state or federal law.

APPLICANT'S STATEMENT OF UNDERSTANDING AND AUTHORIZATION:

1. I understand that this application will be given every consideration, but its receipt does not imply that I will be employed.
2. I understand that I may choose to leave any portion of the application incomplete or blank and that the following information is given voluntarily.
3. I understand and authorize the company to obtain a consumer report on my financial and credit record as well as an investigative report whereby information is obtained through personal interviews with neighbors, friends, and others with whom I am acquainted. This investigation 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 investigative consumer report. I give my permission to the company to contact any of the former employers or references shown below to verify the information I have given and I authorize previous employers to release all records of my employment, including assessments of my job performance, ability, and fitness. (15 U.S.C.S. § 1681d(a))
4. I authorize the company to obtain a Motor Vehicle Record (MVR) report.
5. I understand that the company reserves the right to require a conditional offer of employment medical examination as well as periodic physical or medical examinations, a pre-employment as well as post-employment drug/alcohol test to the extent permitted by law.
6. I hereby state that the information given by me in this application is true in all respects and I agree that if I am employed and the information is found to be false in any respect that I may be dismissed.
7. Should I be employed by company, I understand that such employment is at-will and will not result in an employment contract.

Signature of Applicant _____ Date _____

I. PERSONAL DATA

• Name _____ Social Security No. _____
(Print) Last Name First Middle

• Present Address _____
Street and Number City State Zip Code

• Previous Address _____
Street and Number City State Zip Code

• Email Address _____ Cell Phone No. _____

• Home or Nearest Telephone No. _____ Emergency Phone No. _____

• Are you over the age of 18? Yes [] No [] If no, employment is subject to verification that applicant is of minimum legal age.

• Can you, after employment, provide proof of eligibility or authorization to work in the United States? Yes [] No []

• You will be required to complete an I-9 form upon hire.

• 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 [] _____
State Number Expiration Date

Personal Data continued . . .

- Any restrictions on license? Yes [] No [] If yes, explain: _____
- Do you hold any other operator's permits? If yes, explain: _____
- Do you hold a commercial driver's license? Yes [] No []
- Have you ever been convicted of a felony, excluding a traffic violation? Yes [] No []
- A conviction does not automatically mean you will not be offered a job. What you were convicted, the circumstances surrounding the conviction, and how long ago the conviction occurred, are important. Please give all dates and details: _____

- If a driver's license is required for the position for which you are applying, have you ever been convicted of a DWI (Driving While Intoxicated or Driving Under the Influence)? Yes [] No []
- If yes, give date and details of each conviction: _____

- If a surety bond is required for the position for which you are applying, have you ever been refused a surety bond? Yes [] No [] If yes, state the reason and date: _____

II. EDUCATION

(List all education and training)

CLASSIFICATION	NAME AND LOCATION	MAJOR SUBJECTS	DIPLOMA/DEGREE
COLLEGE			
BUSINESS SCHOOL			
VOCATIONAL			
HIGH SCHOOL			
OTHER			

- Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application: _____

III. CHARACTER REFERENCES

List Persons Who Know You Well - Not Previous Employers or Relatives

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



COLEMAN MOTORS, INC.



510 Addison Street
New Boston, Texas 75570

Telephone 903-628-6553
Fax 903-628-3756

AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize Coleman Motors Inc to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am currently employed. I understand that Coleman Motors Inc will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signature of Employee

Date

Employee's Name - Printed

Fair Credit Reporting Act
Employment Purpose Disclosure

Date: _____

I, _____
(Name of Applicant)

understand that _____ may obtain my consumer report
(Name of Company)

for employment purposes, including an investigative consumer report, and I authorize

_____ to obtain my consumer report, including an
(Name of Company)

investigative consumer report, for employment purposes.

I have read and understand the Application's Statement of Understanding and Authorization as set out on page 1 of the Application for Employment, the Applicant's Certification on page 4 of the Application for Employment and the Summary of Your Rights Under Fair Credit Reporting Act (15 U.S.C.S. § 1681g(c)).

(Signature of Applicant)

15 U.S.C.S. § 1681b(b)(2)
15 U.S.C.S. § 1681d
15 U.S.C.S. § 1681g(c)

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or**

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IV. RECORD OF PREVIOUS EMPLOYMENT

List names of employers in consecutive order with present or last employer listed first. Account for any gaps and any period of unemployment. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR.

Name of Present or Last Employer	Employed From	Pay Start	Employee's Title	Reason for Leaving
Address				
City, State, Zip Code	To	Final	Name of Last Supervisor	
Telephone				
Name of Previous Employer	Employed From	Pay Start	Employee's Title	Reason for Leaving
Address				
City, State, Zip Code	To	Final	Name of Last Supervisor	
Telephone				
Name of Previous Employer	Employed From	Pay Start	Employee's Title	Reason for Leaving
Address				
City, State, Zip Code	To	Final	Name of Last Supervisor	
Telephone				
Name of Previous Employer	Employed From	Pay Start	Employee's Title	Reason for Leaving
Address				
City, State, Zip Code	To	Final	Name of Last Supervisor	
Telephone				

• Explain any gaps in your employment history set forth above. _____

• Position(s) applied for: _____ How soon could you report to work? _____

• Type of employment: Full Time Part-Time Temporary Desired Salary Range? _____

• What days and hours if part-time? Days _____ Hours _____

• Are you presently employed? _____ If yes, why do you desire to make a change? _____

• How long have you worked in automobiles? _____ What makes of cars do you know best? _____

_____ Have you been certified by the National Institute for Automotive Service Excellence (NIASE)? Yes No If yes, in what areas? _____

• Have you ever worked for this company before? Yes No If YES, give dates and position held: _____

• Are you able to meet the attendance requirements of this job? Yes No

• Are you able to perform the essential functions of the job you are applying for with or without a reasonable accommodation? Yes No

• Do you have means of transportation to get to and from work? Yes No

V. GENERAL INFORMATION – Actual Experience in Any of the Following – Please check []

REPAIR AND SERVICE DEPARTMENT

- Service Manager
- Shop Foreman
- Machinist
- Mechanic
- Mechanic Helper
- Electrician
- Body Person
- Paint Person
- Helper
- Radio
- Trimmer (Upholsterer)
- Polisher

PARTS DEPARTMENT

- Motorcycle
- Car Washer
- Lubrication Person
- Porter
- Janitor
- Parts Manager
- Parts Clerk
- Parts Delivery

SALES DEPARTMENT

- Sales Manager
- New Car Salesperson
- Used Car Salesperson
- Truck Salesperson
- Fleet Salesperson
- Finance and Insurance Manager

OFFICE

- Office Manager
- Bookkeeper
- Cashier
- Secretary-Stenographer
- Clerk
- _____
- _____
- _____

APPLICANT'S CERTIFICATION:

I certify that the information contained in this application is true and complete to the best of my knowledge and I understand that falsification, omissions, or misrepresentations of this information is a ground for rejection of my employment application and if employed by Company, cause for termination of my employment from Company. I authorize the character references, previous employers, and educational institutions listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability, claims, or for any damage that may result from furnishing same to you. I also release the Company from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I agree to conform to the rules and regulations of the Company. I understand that if an offer of employment is extended that it is conditioned upon completing the Federal I-9 form and providing documents establishing identity and work authorization. I understand that this employment application and any other company documents are not a promise or a contract of employment. I understand that my employment can be terminated with or without cause and with or without notice, at any time, at the option of either the company or myself. I understand that no manager or representative of the Company, other than the president, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I represent that I am able to meet the attendance requirements as required by the company. I understand that maintaining a current driver's license may be necessary for insurability and continued employment.

I have read and fully understand the Applicant's Statement of Understanding and Authorization (see front of application) and Applicant's Certification.

Signature _____ Date _____

APPLICANT: Do Not Write Below This Line.

RECORD OF EMPLOYMENT

Employed _____ Assigned to _____
 _____ (date) _____ (dept.)

Basis of Pay _____

USE THIS SPACE FOR HISTORY, JOB ASSIGNMENTS, PAY CHANGES, ETC.

REASON FOR TERMINATION