

APPLICATION FOR EMPLOYMENT

ALL EMPLOYMENT DECISIONS ARE MADE WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, AGE, MILITARY BACKGROUND, DISABILITY, MARITAL STATUS, HEIGHT, WEIGHT, GENETIC INFORMATION OR ANY OTHER LEGALLY PROTECTED STATUS.

Name (Please print - last, middle, first) _____ Social Security Number _____

Other Names Used (including previous last names) _____

Home Telephone Number _____ Cell Phone Number _____

Present Address _____
City State Zip From _____ To _____

Previous Address _____
City State Zip From _____ To _____

In case of Emergency Notify Name _____ Relationship _____ Address _____ Telephone No. _____	Position Desired _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Wages Desired _____ Date you can start work _____ List hours of availability below each day: M T W TH F S	How did you learn about this job? _____ _____
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Ever applied to this Company before? Yes No What Department? _____ When? _____

If related to anyone in our employ, give name and relationship: _____

Are you a citizen of the U.S.? Yes No If no, do you have a permit which allows you to work in the U.S.? _____

Do you have a valid unrestricted operator's license? Yes No Do you own/lease a car? Yes No

State: _____ Driver's License Number: _____

Has your operator's license ever been suspended, revoked or restricted? Yes No If yes, when & why? _____

Have you been in an auto accident in the past three years? Yes No

Have you ever been refused surety bond? Yes No If yes, when and why? _____

Have you ever been convicted of a crime? Yes No If yes, describe in full: _____

Have you ever been discharged or required to resign from a position? Yes No

Are you on a lay-off and subject to recall? Yes No

If hired, is there anything which would prevent you from reporting to work each day on time to perform your job duties? Yes No

If you are under 18, can you furnish a work permit? Yes No

WORK TIME LOST LAST YEAR DUE TO TARDINESS OR ABSENTEEISM _____ HOURS _____ DAYS	BRANCH OF MILITARY SERVICE, IF ANY: RANK:
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SHOW ACTUAL EXPERIENCE BY CHECKING THE FOLLOWING

- | | | | | | |
|---|--|---|---|--|---|
| <input type="checkbox"/> Service Mgr | <input type="checkbox"/> Bodyman | <input type="checkbox"/> Lubrication | <input type="checkbox"/> Porter | <input type="checkbox"/> Office Clerk | <input type="checkbox"/> Used Car Salesperson |
| <input type="checkbox"/> Parts Manager | <input type="checkbox"/> Painter | <input type="checkbox"/> New Car Prep. | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Phone Op./Recept. | <input type="checkbox"/> New Car Salesperson |
| <input type="checkbox"/> Sales Manager | <input type="checkbox"/> Mechanic | <input type="checkbox"/> Washer/Polish. | <input type="checkbox"/> Cashier | <input type="checkbox"/> Computer Operator | <input type="checkbox"/> Truck Salesperson |
| <input type="checkbox"/> Office Manager | <input type="checkbox"/> Helper | <input type="checkbox"/> Parts Counter | <input type="checkbox"/> Biller | <input type="checkbox"/> Warranty Clerk | <input type="checkbox"/> Finance/Ins. Person |
| <input type="checkbox"/> Body Shop Mgr | <input type="checkbox"/> Tower Op. | <input type="checkbox"/> Parts Clerk | <input type="checkbox"/> Acc. Pay./Rec. | <input type="checkbox"/> Bookkeeper | <input type="checkbox"/> Watchman |
| <input type="checkbox"/> Shop Foreman | <input type="checkbox"/> Service Advisor | <input type="checkbox"/> Parts Driver | <input type="checkbox"/> Sec./Typist | <input type="checkbox"/> Messenger | <input type="checkbox"/> Other |

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"/> Front end and steering systems	<input type="checkbox"/> Manual transmission and/or axles
<input type="checkbox"/> Engine repair	<input type="checkbox"/> Automatic transmission	<input type="checkbox"/> Heating and air conditioning
<input type="checkbox"/> Brakes, braking systems	<input type="checkbox"/> Electrical systems	<input type="checkbox"/> Collision - repair

Michigan Mechanic's Certification # _____ Expiration Date _____

Have you been certified by the National Institute for Automotive Service Excellence (NIASE)? Yes No Any notice of non-compliance? Yes No
 If yes, what areas? _____

HIGH SCHOOL or PREP SCHOOL (Name and Location)	Major/Subject	No. of Years	Degree
UNIVERSITY or COLLEGE			
GRADUATE SCHOOL			
OTHER - Including Military Service, Trade or Business Schools			

**EXPERIENCE -- BUSINESS OR PROFESSIONAL RECORD OF LAST FOUR POSITIONS
 (LIST PLACES IN ORDER STARTING WITH PRESENT EMPLOYER FIRST)**

Employment Dates		Name and Address of Employer	Position or Title	Supervisor's Name	Salary Received	Reason for Separation
From Month/Year	To Month/Year					

Have you previously signed a non-disclosure or non-compete agreement with your current employer or any past employer? Yes No

If yes, explain: _____

Applicant's Certification, Authorization, Waiver and Acknowledgment

I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that any falsification or misrepresentation contained in this Application or made by me during the pre-hire process will be sufficient reason for (1) my not being offered employment, or (2) dismissal at any time from the service of the Company if employed. I authorize the Company to make an investigation of my employment history and my personal history through any investigative agencies or bureaus of the Company's choice, and to contact my current and any of my former employers and I give such employers the right to release to the Company all records of my employment (excluding medical records) including assessment of my job performance and ability. I further authorize the Company to forward and release the Company from any and all liability relating to forwarding any information concerning me and/or my qualifications that the Company has at the time of my application for employment or hereafter acquires to any other entity to which I may apply for employment. I understand that the Company may require a motor vehicle record report and authorize the Company to obtain said report. I understand that the Company reserves the right to require that an offer of employment is conditional upon the results of a medical examination including but not limited to any drug screening tests. I understand that the Company reserves the right to require drug screening tests at any time during employment. If employed, I understand that if I need an accommodation for a disability under the Persons With Disabilities Civil Rights Act (Act), I must notify the Company in writing of my need for an accommodation within 182 days after I know or should have known that I need that accommodation and my failure to provide that notice will prevent me from claiming that the Company failed to accommodate my disability under the Act. This requirement does not waive my rights under the Americans With Disabilities Act. I further understand that the use of this form does not indicate that there are any positions open and does not in any way obligate the Company. This Application is valid for ninety (90) days. At the conclusion of this time, if I have not been employed by the Company and still wish to be considered for employment, it will be necessary for me to submit a new Application. Further, I understand and agree that if I am hired by the Company, unless specifically set forth in writing to the contrary and signed by the President of the Company and myself, my employment will be for no definite period, and may, regardless of the date of payment of my wages or salary, be terminated at any time for any reason or no reason at the will of the Company or myself without any previous notice. In consideration of the Company's review of my application, I agree that any claim or lawsuit arising out of my employment with the Company, or my application for employment with the Company, must be filed no more than 180 days after the date of the employment action that is the subject of the claim or lawsuit, unless the applicable statute of limitations period is shorter than 180 days in which case I will be bound by that shorter limitations period. While I understand that the statute of limitations for claims arising out of an employment action may be longer than 180 days, I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY, unless federal, state, or local law prohibits such waiver. I further agree that if I should bring any non-statutory action or claim against the Company, arising out of my employment or potential employment, in which the Company prevails, I will pay to the Company any and all such costs incurred by the Company in defense of said claims or actions, including actual attorney fees. In consideration of the Company's review of my application, I also agree to hold in the strictest confidence and will not disclose directly or indirectly to any unauthorized persons without the Company's prior written permission any confidential information of the Company, including, but not limited to trade secrets, sales promotions and ideas, customer lists or any other confidential property of the Company. I agree that this Application constitutes the entire agreement between the parties and that all other agreements, if any, are null and void. This agreement cannot be modified in any way by any oral or written representations, either before or after this Application is signed, except in a writing signed by the President of the Company.

COMPANY: _____

Signature: _____
 (Applicant)

Date: _____