APPLICATION FOR EMPLOYMENT

Position Desired _

Full Time

Part Time

EQUAL OPPORTUNITY EMPLOYER

APPLICANT'S STATEMENT

I understand that this application is not a promise of employment.

I understand that if I am hired, my employment will not be for a definite period, regardless of the period of payment of my compensation. I further understand that I have the right to terminate my employment at any time and for any reason, and the Company may terminate my employment, at any time, for any reason, or no reason, with or without notice and with or without cause. The Company is an at-will employer. 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 reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment. I understand that any offer of employment may be contingent upon the passing of a physical examination performed by a doctor selected by the Company. I understand that any time after I am hired, the Company may require me to submit to an alcohol and drug test, and, under certain circumstances, a physical examination, to the extent permitted by the Americans with Disabilities Act. I consent to the disclosure of the results of physical examination tests, drug and alcohol tests, and related tests to the Company, to the extent permitted by the Americans with Disabilities Act.

In connection with the Company's consideration of me for employment, continued employment, training, promotion, or reassignment, I understand that the Company or persons acting on its behalf may conduct investigative inquiries into my background that will include information regarding job references, personal references, criminal, consumer credit, driving, and other reports pertaining to me. These inquiries may include personal conversations with persons possessing knowledge relevant to these categories. These background inquiries will be conducted and reports obtained to provide the Company with job-related information regarding my character, general reputation, personal characteristics, work record, and skills and abilities, education and training, employment and experience, past job performance, reasons for termination of previous employment, and other pertinent information. 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 investigations and release any such person or entity from any and all liability for conducting such investigations and release any such person or entity from any and all liability for furnishing such information. I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I hereby state that all of the information that I provide on this application and in any interview is true, complete and accurate. I understand that false statements, misrepresentations of facts or omissions may disqualify me for employment, or if I am employed, may result in my termination from employment.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT.

d.s.,inc.				

CCP7 a

Print Name

Signature of Applicant

PERSONAL DATA

PPLICATION FOR EMPLOYMEN

Name						Social Security No	discontain)	
(Pr	rint) I	ast Name	First	Mic	dle			
515 M 516						How long have		
Present Address			THEN	BTATE 8	APPLICANT	you lived there?		Months
Str	reet Number		City	State	Zip		Years	wonths
Previous						How long have	Start Sector	
Address	A Blumbar	AND THE REAL PROPERTY AND	City	State	Zip	you lived there'	Years	Months
Sti	reet Number		City	Olalo	219			
Telephone	No		• office that, the contracty, Any 4	an 190 Ori and of these	Are vou 18	years of age or older?	🗆 Yes	🗆 No
relephone	NO			Normal Marca		ase give date, position a		(s.) (a. 54)
any Ne Hun Kester			which at the ac			o If yes Name:	at 1 mile	eget yas
If a driver's	s license is red					lo If yes, Name: o you have a valid drive		
	license is red	quired for the		hich you a	are applying, d		er's license	
If a driver's	s license is rec No been cited for	quired for the License No. a traffic viola	position for wi	hich you a nd within t	are applying, d State	o you have a valid drive Expiration Date ears?	er's license	?
If a driver's Yes Have you date and Have you	been cited for d details:	quired for the License No. a traffic viola d of a crime i	position for wi tion of any kir n the last twer	hich you and within t	tre applying, d State he last FIVE y ears?	o you have a valid drive Expiration Date ears?	er's license	?
If a driver's Yes Have you date and Have you If yes, p	been cited for d details: been convicte	quired for the License No. a traffic viola d of a crime in te and details	tion of any kir n the last twer of each:	hich you and within t	tre applying, d State he last FIVE y ears? □ Yes	o you have a valid drive Expiration Date ears?	er's license	? please give

for which you are applying. Factors such as age of the conviction, time of events, seriousness and nature of the violation, and rehabilitation are taken into account.

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying, with or without a reasonable accommodation?

PERSONAL EDUCATION

		El	ement	tary			H	ligh		College / University			Graduate / Professional				
School Name																	
Years Completed: (Circle)	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				ines.	t init	4											
Describe Specialized Training, Military Experience, Skills, and Extra-Curricular Activities					ab	ġ.,											

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your previous employers in chronological order with present or last employer listed first. <u>Be sure</u> to account for all periods of time including military service and any period of unemployment. If self-employed, give company name and supply business references. Use a separate sheet of paper if necessary.

ame of Present or Last Employer	Employed	Pay	Your Title or Position	Reason for Leaving
	From (mo. / yr.)	Start		
ddress		\$		
City State, Zip Code	To (mo. / yr.)	Final \$	Name of Last Supervisor	
elephone		9		
Previous Employer	Employed	Pay	Your Title or Position	Reason for Leaving
supposed pointered and	From (mo. / yr.)	Start	The Electronic of Fourier - Mark on	
Address	BERVICE AND	\$	SALES FLEASH	
City State, Zip Code	To (mo. / yr.)	Final	Name of Last Supervisor	
Telephone	Diservice Wige	\$ (5)(0)(5)(1)(1)(5)(1)(1)(5)(1)(1)(1)(5)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	anese Preside El secon	a la contra a contra de la
Previous Employer	Employed	Pay	Your Title or Position	Reason for Leaving
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Previous Employer	Employed	Pay	Your Title or Position	Reason for Leaving
	From (mo. / yr.)	Start		
Address		\$		
City State, Zip Code	To (mo. / yr.)	Final	Name of Last Supervisor	
Telephone	M OF THIRTY	\$	TOA OSECOLOMOLO SELL.	NE LOST ACTUERA &

Have you ever been terminated or asked to resign from any job? 🗌 Yes 🗌 No If yes, please explain circumstances: ___

Please explain fully any gaps in your employment history: ____

REFERENCES

Please list persons who are not related to you and who know you well.

Name	Occupation	Address (Street, City and State)	Telephone Number	No. of Years Known
		Net Start Start		
		2		
	Name of Logic Supervision	Calif. Sheet 2.1		and share which you
				No. 2 Percent

ADDITIONAL INFORMATION - Please indicate any actual experience you have in any of the following positions.

OFFICE	SALES / LEASING	SERVICE AND REPAIR	
Office Manager	Sales Manager	Service Manager	
Bookkeeper	Sales Person (New Car)	Service Writer / Advisor	
Accounts Receivable	Sales Person (Used Car)	Dispatcher	
Accounts Payable	Sales Person (Truck)	Shop Foreman	
Payroll Clerk	🗌 F & I Manager	🗌 Mechanic / Technician	
Tag/Title Clerk	Leasing Manager	Electrician	
Warranty Clerk	Fleet Manager	Helper	
Data Entry	Truck Manager	D Painter	
Cashier	Used Car Manager	Body Repair	
PARTS		Get Ready	
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 OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, COMPLETE AND ACCURATE, AND THAT THERE ARE NO OMISSIONS OR MISREPRESENTATIONS OF FACT.