

Job Title	Describe Duties	Reason for Leaving (if quit or terminated, please explain)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employer No.5

Dates of Employment (Month/Year)	Name of Company and Your Supervisor	Company Address /Telephone Number /Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employer No2	Dates of	Employment (Month/Year)	Name of Company and Your Supervisor	Company Address /Telephone Number /Email Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Job Title	Describe Duties	Reason for Leaving (if quit or erminated, please explain)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Job Title	Describe Duties	Reason for Leaving (if quit or terminated, please explain)
_____	_____	_____
_____	_____	_____
_____	_____	_____

I UNDERSTAND THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE SUBJECT TO VERIFICATION BY PAPE CHEVROLET OR PAPE SUBARU. I AUTHORIZE PAPE CHEVROLET OR PAPE SUBARU TO CONTACT ANY AND ALL OF THE PERSONS AND COMPANIES IDENTIFIED HEREIN TO COLLECT INFORMATION ABOUT MY SUITABILITY FOR EMPLOYMENT.

Employer No. 3	Dates of	Employment (Month/Year)	Name of Company and Your Supervisor	Company Address /Telephone Number /Email Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I UNDERSTAND THAT THIS APPLICATION WILL ONLY BE CONSIDERED "ACTIVE" FOR 45 DAYS FROM PAPE CHEVROLET OR PAPE SUBARU'S DATE OF RECEIPT. IF I HAVE NOT OBTAINED A JOB WITH THE DEALER WITHIN 45 DAYS BUT REMAIN INTERESTED IN EMPLOYMENT, I UNDERSTAND THAT I MUST COMPLETE A NEW APPLICATION OR NOTIFY THE DEALER IN WRITING TO REMAIN ELIGIBLE FOR CONSIDERATION.

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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I UNDERSTAND THAT ANY MISSTATEMENTS OR OMISSIONS IN THIS APPLICATION WILL RESULT IN A DECISION NOT TO HIRE ME OR A DECISION TO TERMINATE ME IF I HAVE ALREADY BEEN HIRED.

I UNDERSTAND THAT IF I AM HIRED, MY EMPLOYMENT IS AT WILL AND CAN BE TERMINATED, AT ANY TIME, EITHER WITH OR WITHOUT PRIOR NOTICE, AND BY EITHER ME OR THE DEALER.

Date: _____

Applicant's Signature

Employer No.4	Dates of	Employment (Month/Year)	Name of Company and Your Supervisor	Company Address / Telephone Number /Email Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you wish to add any additional Information in support of your application for employment?

Job Title	Describe Duties	Reason for Leaving (if quit or terminated, please explain)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____