

# APPLICATION FOR EMPLOYMENT

THIS FORM HAS BEEN DESIGNED TO STRICTLY COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING DISCRIMINATION. ALL QUALIFIED APPLICANTS WILL RECEIVE EQUAL CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, AGE, MILITARY BACKGROUND, HANDICAP, MARITAL STATUS, HEIGHT, WEIGHT, OR ARREST RECORD.

Name (Please print - last, middle, first) \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

In case of Emergency Notify Name _____ Address _____ Telephone No. _____	Position Desired _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Wages Desired _____ Date you can start work _____	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 operator's permit? Yes  No  Do you own a car? Yes  No

State \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Has your operator's permit 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

WORK TIME LOST LAST YEAR DUE TO TARDINESS OR ABSENTEEISM _____ HOURS _____ DAYS	BRANCH OF 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:

Michigan Mechanic's Certification # \_\_\_\_\_

- |  |   |   |
|--|---|---|
| <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               |

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: \_\_\_\_\_

-----PLEASE READ CAREFULLY-----

**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 if employed, false statements on this application may subject me to dismissal. You are authorized to make an investigation of my employment history and my personal history through any investigative agencies or bureaus of your choice, and to contact my current and any of my former employers and I give such employers the right to release to you all records of my employment (excluding medical records) including assessment of my job performance and ability. I understand that you may require a motor vehicle record report and authorize you to obtain said report. I understand that you reserve 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 you reserve the right to require drug screening tests at any time during employment. If employed, I understand that if I need an accommodation for a handicap under the Michigan Handicappers Civil Rights Act (Act), I must notify the dealer 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 my employer failed to accommodate my handicap under the Act. This requirement does not waive an individual's 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 this dealership. This Application is current for ninety (90) days. At the conclusion of this time, if I have not been employed by this dealership and still wish to be considered for employment, it will be necessary for me to fill out a new Application. Further, I understand and agree that if I am hired by this dealership, unless specifically set forth in writing to the contrary and signed by the dealer 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 dealership without any previous notice. In consideration of the dealership's review of my application, I agree that any claim or lawsuit arising out of my employment with the dealership, or my application for employment with the dealership, must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims arising out of an employment action may be longer than six (6) months, I agree to be bound by the six (6) month period of limitations set forth herein, and I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY, unless state, federal or local law prohibits a waiver of said statute of limitations.

Signature: \_\_\_\_\_

(Applicant)

Date: \_\_\_\_\_