



Making friends to last a lifetime.
JERRY SEINER
 DEALERSHIPS

Christopher
 IMPORTS

APPLICATION FOR EMPLOYMENT

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, or any other factor prohibited by law or regulation.

EQUAL OPPORTUNITY EMPLOYER
APPLICATION GOOD FOR 60 DAYS

PLEASE PRINT

*Please fully and accurately complete each question. Incomplete applications may not be considered.

GENERAL/PERSONAL INFORMATION					DATE:	
LAST NAME	FIRST	MIDDLE	TELEPHONE ()			
PRESENT ADDRESS	CITY	STATE	ZIP CODE	HOW LONG?		
PREVIOUS ADDRESS	CITY	STATE	ZIP CODE	HOW LONG?		
ARE YOU AGE 17 OR YOUNGER?		<input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE US?		<input type="checkbox"/> YES <input type="checkbox"/> NO

DRIVING INFORMATION

DRIVERS LICENSE NUMBER	STATE	TYPE
HAVE YOU EVER BEEN CONVICTED OF DUI OR DWI? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, STATE WHEN:	WHERE:	DISPOSITION OF CASE:
HAVE YOU HAD YOUR LICENSE REVOKED IN THE LAST THREE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES GIVE DETAILS:

EMPLOYMENT DESIRED

POSITION	RATE DESIRED	DATE YOU CAN START
ARE YOU EMPLOYED NOW?	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
HAVE YOU EVER APPLIED FOR EMPLOYMENT OR WORKED WITH THIS COMPANY UNDER YOUR PRESENT OR ANOTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO		
WHEN?	UNDER WHAT NAME?	
PLEASE LIST THE NAME OF RELATIVES OR FRIENDS IN THIS ORGANIZATION.		
HOW WERE YOU REFERRED TO OUR DEALERSHIP?		

EDUCATION

CIRCLE THE HIGHEST GRADE COMPLETED IN SCHOOL:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
NAME AND ADDRESS OF LAST SCHOOL ATTENDED	GRADUATED		<input type="checkbox"/> YES <input type="checkbox"/> NO													
ADDITIONAL VOCATIONAL OR BUSINESS SCHOOLS ATTENDED	GRADUATED		<input type="checkbox"/> YES <input type="checkbox"/> NO													

SECURITY

HAVE YOU EVER BEEN CONVICTED OF ANY LAW VIOLATIONS EXCEPT MINOR TRAFFIC VIOLATIONS?

YES NO

IF YES, STATE WHEN:

WHERE:

DISPOSITION OF CASE:

HAVE YOU EVER HANDLED MONEY FOR AN EMPLOYER?

YES NO

IF YES, NAME EMPLOYER:

AMOUNT HANDLED:

IF YES, NAME EMPLOYER:

AMOUNT HANDLED:

HAVE YOU EVER BEEN DISCHARGED FOR CAUSE?

YES NO

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN REFUSED A SURETY BOND OR EVER HAD ONE CANCELLED?

YES NO

IF YES, PLEASE EXPLAIN:

EMPLOYMENT

ACCOUNT FOR PAST 10 YEARS, INCLUDE PERIODS OF UNEMPLOYMENT, SELF-EMPLOYMENT, SCHOOLING OR MILITARY SERVICE.

LIST PRESENT (OR MOST RECENT) POSITION FIRST. PLEASE BE SURE TO NOTE OTHER NAMES USED.

COMPANY NAME:

TYPE OF BUSINESS:

SUPERVISOR:

PHONE NUMBER:

ADDRESS

CITY

STATE

ZIP CODE

TITLE/ DUTIES & RESPONSIBILITIES:

REASON FOR LEAVING:

CHECK THE BOX IF WE CAN CONTACT:

START DATE:

STARTING PAY RATE:

FINAL DATE:

FINAL PAY RATE:

COMPANY NAME:

TYPE OF BUSINESS:

SUPERVISOR:

PHONE NUMBER:

ADDRESS

CITY

STATE

ZIP CODE

TITLE/ DUTIES & RESPONSIBILITIES:

REASON FOR LEAVING:

CHECK THE BOX IF WE CAN CONTACT:

START DATE:

STARTING PAY RATE:

FINAL DATE:

FINAL PAY RATE:

COMPANY NAME: _____ TYPE OF BUSINESS: _____

SUPERVISOR: _____ PHONE NUMBER: _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

TITLE/ DUTIES & RESPONSIBILITIES: _____

REASON FOR LEAVING: _____ CHECK THE BOX IF WE CAN CONTACT:

START DATE: _____ STARTING PAY RATE: _____

FINAL DATE: _____ FINAL PAY RATE: _____

COMPANY NAME: _____ TYPE OF BUSINESS: _____

SUPERVISOR: _____ PHONE NUMBER: _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

TITLE/ DUTIES & RESPONSIBILITIES: _____

REASON FOR LEAVING: _____ CHECK THE BOX IF WE CAN CONTACT:

START DATE: _____ STARTING PAY RATE: _____

FINAL DATE: _____ FINAL PAY RATE: _____

ADDITIONAL REFERENCES: NAMES, RELATIONSHIP, TELEPHONE NUMBERS

1. _____
2. _____
3. _____

**IF YOU WERE EMPLOYED BY THE COMPANY
IN CASE OF EMERGENCY NOTIFY:**

NAME: _____

ADDRESS: _____

TELEPHONE: _____

APPLICANT'S CERTIFICATION AND AGREEMENT (Read carefully before signing)

I certify that the information provided to me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand omissions or misrepresentations may result in rejection of my application or, if employed, may result in subsequent dismissal.

I authorize the Dealership to verify the accuracy of the information provided and to obtain reference information on my education background and work performance. I authorize any former employer, person, school, firm or corporation listed in my application to answer any questions and release information as may be requested by the Dealership. I release them from any and all liability, claims or damages that may result from the use disclosure or release of any such information within their knowledge or records. I also release the Dealership from any and all liability of whatever kind or nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that this is a preliminary application and not a contract to employ me. I further understand that in the event I am employed, my employment is "at will" and that my employment may be terminated at any time by me or by the Dealership, for any reason not prohibited by law or for no reason. I acknowledge that no representative of the Dealership has the authority to enter into any agreements with me that are contrary to the "at will" status of employment.

I understand that the Dealership may conduct criminal, credit and driving record background checks as a condition to employment, subject to proper notice and authorization by me. Further, I understand that following an offer of employment, and as a condition of continuing employment if I am hired, the Dealership may require that I submit to a physical examination and drug/alcohol testing. Further, if employed I understand that my driving record will be reviewed on a regular basis for insurance purposes.

I agree that if an offer of employment is extended to me and I accept employment, I will comply with all of the Dealership's policies, rules and regulations. Further if I am employed and subsequently terminate employment, I will return all Dealership items at the time of termination and authorize any monetary advances or other things of value received by me and not repaid as of the date of termination to be deducted from my final pay check.

The facts set forth above are true and complete to the best of my knowledge.

Date

Signature