

# Lichtsinn Motors Application for Employment

**Lichtsinn Motors is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, age, marital status, national origin, disability, status as a disabled Veteran, or on any other basis prohibited by the applicable laws.**

## EMPLOYMENT DESIRED

POSITION: \_\_\_\_\_ DATE YOU CAN START: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

## PERSONAL INFORMATION

NAME: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last Name                      First                      Middle

PRESENT ADDRESS: \_\_\_\_\_  
Street and Number                      City                      State                      Zip

HOW LONG HAVE YOU LIVED THERE? \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_  
Street and Number                      City                      State                      Zip

HOW LONG DID YOU LIVE THERE? \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ Are you 18 Years of Age or Older?  YES  NO

If hired are you able to furnish proof of eligibility to work in the U.S.?  YES  NO

Have you ever worked for Lichtsinn Motors before?  YES  NO If yes, dates & position: \_\_\_\_\_

Do you have friends or relatives working here?  YES  NO If yes, Name: \_\_\_\_\_

Do you have a reliable means of transportation to travel to and from work?  YES  NO

If a driver's license is required for the position for which you are applying, do you have a valid driver's license?

YES  NO

Have you had any driving convictions, accidents, license suspension or revocations in the last 5 years?

YES  NO

If yes, please give date and details: \_\_\_\_\_

Have you ever been convicted of a crime or received a verdict of anything other than not guilty in any criminal investigation or proceeding?  YES  NO

If yes, describe when the conviction occurred, the facts and circumstances, and any facts pertaining to rehabilitation. \_\_\_\_\_

## EDUCATION

	ELEMENTARY	HIGH SCHOOL	COLLEGE	TRADE OR BUSINESS SCHOOL
<b>School Name</b>				
<b>Did you Graduate or # of Years Completion</b>				
<b>Course of Study</b>				

**Describe area of Study or Training applicable to position:**

## RECORD OF PREVIOUS EMPLOYMENT

Please list names of previous employers in chronological order with most recent/current employer listed first. Be sure to account for all periods of time.

<b>Name of Present/ Last Employer</b>	<b>Employed</b> From (mo./yr.)	<b>Pay</b> Start \$:	<b>Title or Position</b>	<b>Reason for Leaving</b>
Address:	To: (mo./yr.)	Final \$	Name of Last Supervisor:	
City, State, Zip Code				
Telephone				

<b>Previous Employer</b>	<b>Employed</b> From (mo./yr.)	<b>Pay</b> Start \$:	<b>Title or Position</b>	<b>Reason for Leaving</b>
Address:	To: (mo./yr.)	Final \$	Name of Last Supervisor:	
City, State, Zip Code				
Telephone				

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Address:	To: (mo./yr.)	Final \$	Name of Last Supervisor:	
City, State, Zip Code				
Telephone				

Please explain any gaps in your employment history: \_\_\_\_\_

Are there any other experiences, skills, or qualifications which you feel would especially qualify you for the position desired?  
(computer experience, technical certification, etc.) \_\_\_\_\_

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**REFERENCES**

Please list names of persons not related to you, whom you have known at least one year, including a previous supervisor if possible. These should include both personal and work references.

Name	Occupation/Place of Employment	Relationship To	# of Years Acquainted	Telephone #/ Address

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**APPLICANT'S STATEMENT**

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

I understand that if I am hired, my employment will be for no definitive period of time.

I consent to take any physical examinations, including, but not limited to, tests for alcohol or drugs, that may be requested by the Company. (1) following an offer of employment and prior to commencement of work; and (2) during the course of my employment, consistent with applicable law, including, but not limited to, the Americans With Disabilities Act. I further authorize any health care professional or testing facility who performs such an examination or who has other information concerning my physical, mental or other medical status to release such information to the Company. I understand that if my drug screen is positive for any illegal substance, that any offer of employment will be rescinded, or if I have already commenced work, I will be terminated.

I hereby authorize the Company to obtain from schools, former and current employers, government agencies or other individuals or institutions it contacts, any information in their possession regarding my employment history or qualifications for the job for which I have applied, my driving record and my criminal record, regardless of whether the information is favorable or unfavorable to me. I promise to hold harmless, covenant not to sue and release the Company, the entities and individuals contacted and their agents from any and all liability which may directly or indirectly result or flow from the obtaining and use, disclosure and/or dissemination of such information.

In consideration of my employment, I agree to conform to the Company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the Company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than its owner, has the authority to modify this relationship or to make any agreement to the contrary.

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I have read this employment application and I fully understand its contents. I hereby certify that all of the information that I have provided on this application is true and accurate, and that I have not omitted any of the information called for. I understand that any false statements or omissions made by me in connection with this application, in interviews, or in responding to further requests for information is sufficient grounds for my rejection as an applicant or my dismissal if I have been hired, regardless of when the falsity or omission is discovered.

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Signature of Applicant

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Date