

# Application for Employment

## Form #EMP-1

- 1 Part Cut Sheet
- 60# White Offset Paper
- Folded to 8-1/2" x 11"
- Prints in Black Ink
- Packaged 50 per pack

This form has been designed to strictly comply with State and Federal Fair Employment Practice Laws prohibiting employment discrimination.

This form contains 4 pages and is folded at a convenient 8-1/2" x 11" for easy filing.

Form #	Item #	Quantity Price Breaks
EMP-1	820	50, 100, 200, 500, 1000



### APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE - EQUAL OPPORTUNITY EMPLOYER Date \_\_\_\_\_

Position Desired	<input type="checkbox"/> Full Time	Salary Desired	Available Date
	<input type="checkbox"/> Part Time		

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**APPLICANT'S STATEMENT**

I understand that this application will be given every consideration, but is not a promise of employment.

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has 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 medical examination, including a drug / alcohol test, prior to employment and at any time during my employment, to the extent permitted by law. I also understand that I may be required to take other tests, such as personality and honesty tests, prior to employment and during my employment.

I understand that the Company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends and others with whom I am acquainted or know me. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employer and I authorize those employees to disclose to the company all records pertinent to my employment with them. In addition to authorizing the release of any information regarding employment, 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 liabilities, 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 and accurate. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT**

Signature of Applicant \_\_\_\_\_

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER	HOME TELEPHONE NUMBER
PRESENT ADDRESS				
CITY		STATE	ZIP	HOW LONG AT THIS ADDRESS?
PREVIOUS ADDRESS				
CITY		STATE	ZIP	HOW LONG AT THIS ADDRESS?
E-MAIL				

WHO REFERRED YOU TO THIS COMPANY?  
 EMPLOYMENT AGENCY  NEWSPAPER  FRIEND  EMPLOYEE  STATE EMPLOYMENT AGENCY  WALK IN  INTERNET  OTHER (DESCRIBE) \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Have you ever worked for this Company before?  Yes  No If yes, please give dates and position: \_\_\_\_\_

Do you have any friends or relatives working here?  Yes  No If yes, Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have a means of transportation that will allow you to consistently arrive at work on time?  Yes  No

If a driver's license is required for the SPECIFIC position for which you are applying, do you have a valid driver's license?  Yes  No License No. \_\_\_\_\_ State Issued \_\_\_\_\_ Exp. Date \_\_\_\_\_

Have you been found guilty of a traffic violation of any kind within the last FIVE years?  Yes  No If yes, please give date and details: \_\_\_\_\_

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime?  Yes  No If yes, give date and details of each: \_\_\_\_\_

NOTE: Answering "yes" to this question does not constitute an automatic bar to employment.  
 To Reorder: Specify Item #820 Form EMP-1 Revised (2/07)

Page 1 contains all personal data and applicants statement.

	Elementary	High School	College / University	Graduate / Professional
School Name				
Years Completed / Credits	0 1 2 3 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				
Describe Specialized Training, Military Experience, Special Computer Certifications, Skills and Extra-Curricular Activities, Including Hobbies and Awards				

For additional information use separate sheet

Can you provide documentation that you have the right to work in the United States?  Yes  No (Your Initials)

List all computer programs in which you are proficient: \_\_\_\_\_

Can you type?  Yes  No If yes, please provide your average speed: \_\_\_\_\_ words per minute.

Are you available to work weekends and evenings if necessary?  Yes  No

Are you capable of consistently performing the SPECIFIC job duties required of the position for which you are applying?  Yes  No

Can you meet the SPECIFIC attendance requirements of the job for which you are applying?  Yes  No

Did you have any unexcused absences from your last job?  Yes  No

Do you currently use illegal drugs?  Yes  No

Have you regularly used drugs in the last two years?  Yes  No

Have you ever been convicted for the use, sale, or possession of illegal drugs?  Yes  No

Have you submitted any letters of recommendation you may have from previous employers?  Yes  No

Additional comments concerning above information: \_\_\_\_\_

In case of an accident or other emergency, who should we contact?  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Address Street City State Telephone \_\_\_\_\_  
 Work Address Street City State Telephone \_\_\_\_\_

Page 2 contains education and general information such as emergency information.

Please list the names of your previous employers in chronological order with present or last employer listed first. **Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give own name and supply business reference.**

Name of Present or Last Employer	Employment Dates	Your Title or Position	Reason for Leaving
ABC Co.	1/15/08 - 12/31/08	Pay	Name of Last Supervisor
DEF Co.	1/15/08 - 12/31/08	Pay	Name of Last Supervisor
GHI Co.	1/15/08 - 12/31/08	Pay	Name of Last Supervisor
JKL Co.	1/15/08 - 12/31/08	Pay	Name of Last Supervisor
MNO Co.	1/15/08 - 12/31/08	Pay	Name of Last Supervisor
PQR Co.	1/15/08 - 12/31/08	Pay	Name of Last Supervisor
STU Co.	1/15/08 - 12/31/08	Pay	Name of Last Supervisor
VWX Co.	1/15/08 - 12/31/08	Pay	Name of Last Supervisor
YZA Co.	1/15/08 - 12/31/08	Pay	Name of Last Supervisor

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: \_\_\_\_\_

May we contact your current employer?  Yes  No If no, please explain: \_\_\_\_\_

Page 3 contains detailed information regarding previous employment.

### CHARACTER REFERENCES

Please list persons with whom you work or have worked. Do not include employees or relatives.

Name	Occupation	Address Street, City, State	Phone Number	Years Known

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

OFFICE	SALES / LEASING	SERVICE & REPAIR	PARTS
<input type="checkbox"/> Office Manager	<input type="checkbox"/> Sales Manager	<input type="checkbox"/> Service Manager	<input type="checkbox"/> Parts Manager
<input type="checkbox"/> Bookkeeper	<input type="checkbox"/> Sales Person (New Car)	<input type="checkbox"/> Service Writer/Advisor	<input type="checkbox"/> Parts Counter
<input type="checkbox"/> Accounts Receivable	<input type="checkbox"/> Sales Person (Used Car)	<input type="checkbox"/> Dispatcher	<input type="checkbox"/> Parts Stocker
<input type="checkbox"/> Accounts Payable	<input type="checkbox"/> Sales Person (Truck)	<input type="checkbox"/> Shop Foreman	<input type="checkbox"/> Parts Driver
<input type="checkbox"/> Payroll Clerk	<input type="checkbox"/> F & I Manager	<input type="checkbox"/> Mechanic/Technician	<input type="checkbox"/> Other
<input type="checkbox"/> Tag Title Clerk	<input type="checkbox"/> Leasing Manager	<input type="checkbox"/> Electron	<input type="checkbox"/> OTHER
<input type="checkbox"/> Inventory Clerk	<input type="checkbox"/> Fleet Manager	<input type="checkbox"/> Helper	<input type="checkbox"/> Machinist
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Truck Manager	<input type="checkbox"/> Painter	<input type="checkbox"/> Porter / Janitor
<input type="checkbox"/> Cashier	<input type="checkbox"/> Used Car Manager	<input type="checkbox"/> Body Repair	<input type="checkbox"/> Security
<input type="checkbox"/> Receptionist	<input type="checkbox"/> Rental	<input type="checkbox"/> Car Wash	<input type="checkbox"/> Driver / Messenger
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Maintenance

**DO NOT WRITE IN THIS SPACE - FOR INTERVIEWER'S USE ONLY**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Continued by: \_\_\_\_\_  
 Date: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
 INTERVIEWER: \_\_\_\_\_ SUPERVISOR TO REPORT TO: \_\_\_\_\_  
 EMPLOYEE'S ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**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 understand and agree that as a condition of employment, I may be required to successfully complete a drug and/or alcohol screening test before becoming an employee. In addition, the company reserves the right to administer a drug and/or alcohol screening test to any and/or all employees at any time during their employment for any or no reason.

**I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.**

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_  
 ATTENTION: I, the user, am responsible to ensure that the form used is user complete with applicable laws, which change from time to time. Seller assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state and/or federal law may be based. The respondent should be knowledgeable of current laws and called upon to discover any law.

Page 4 contains character references and previous automotive experience.