



Application for Employment

Confidential

Name: _____

Position Desired: _____

Date: _____

This contains confidential information and is intended for the person (s) involved in the hiring process. Any use by others is strictly prohibited.



APPLICATION FOR EMPLOYMENT

The following information is requested to help us make the best possible placement of employees within the company. Complete all portions of this application pertaining to you. We appreciate the time you spend completing this application. In accordance with the state and federal laws, we consider applications for all positions without regards to age, race, religion, color, gender, national origin, ancestry, mental or physical disability, veteran status, citizenship status, sexual orientation or any other characteristic protected by law.

PLEASE PRINT:

(Date)

Name: _____
(First) (Middle) (Last)

Address: _____ Phone: _____
(Street) (Home)

(City) (State) (Zip) (Cell)

Position Desired: _____

Salary Desired: _____

Date available to begin work: _____

If hired, can you show proof of legal authorization to work in the United States? Yes No

Are you at least 18 years of age? Yes No

If under 18 years of age, can you produce a work permit upon hire? Yes No

Are you able to comply with the job's attendance schedule? Yes No

Have you ever been employed with us before? Yes No

If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Do you have any felony or misdemeanor convictions? A conviction will not necessarily disqualify you from employment. Yes No

If yes, explain _____

EMPLOYMENT RECORD

Please account for all time over the past ten years, listing the most recent job first. Use another page if additional space is necessary.

Date of Employment	Name of Employer and Phone Number	Address	Job Title & Responsibility	Reason for Leaving	Pay Rate
To: From:	Name: Phone:				
To: From:	To: From:				
To: From:	To: From:				
To: From:	To: From:				
To: From:	To: From:				

Please indicate the employers we may not contact and the reason: _____

List special training, internships, skills, certificates, or licenses you have relative to the job for which you are applying. _____

List professional associations, trade, business, civic activities in which you participate. _____

EDUCATION	SCHOOL	YEARS ATTENDED	DEGREE	COURSE OF STUDY
Elementary School				
High School				
College				
Other (Specify)				

REFERENCES

Name:	Address:
Association:	City/State:
Phone Number:	Zip Code:

Name:	Address:
Association:	City/State:
Phone Number:	Zip Code:

Name:	Address:
Association:	City/State:
Phone Number:	Zip Code:

PLEASE READ ALL OF THE FOLLOWING BEFORE SIGNING

I certify that the information shown on this application is correct and complete to the best of my knowledge, and that I have not knowingly withheld any fact or circumstance. I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment if hired.

All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment.

I understand that, if hired, my status will be that of an employee at will, with no contractual right, express or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that no one, other than the President of the Company, in writing may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing.

I understand that if the Company offers me employment, I may be required to complete a physical examination and/or drug and alcohol-screening test. I understand that failing to submit to the test or obtaining a positive test result will disqualify me from employment. The examination and the test shall be performed at the employer's expense, by a physician of the employer's choice. I understand that if hired, I may be required to undergo a physical examination and drug and alcohol screening test either: if I should become involved in an accident while on duty, on company premises, on job sites, or in a company vehicle; if chosen for a random drug test; or if a reasonable suspicion of drug or alcohol use exists based on my performance, appearance, and/or behavior. The examination and test will be performed at the employer's expense, by the employer's choice of physician.

I authorize Service Chevrolet Cadillac to conduct a criminal background check on me. I also authorize Service Chevrolet Cadillac to conduct a driving record check on me. I understand that, if I am hired, subsequent checks may be performed while I am employed with the Company.

I authorize my former employer(s) and its employees and representatives to provide any pertinent information they think appropriate, including any information about my employment, job performances, and related matters. The information may be provided either verbally or in writing. In addition to authorizing the release of any information about my employment, I hereby fully waive any rights or claims I may have against my former employer(s) and its agents, employees, and representatives. I release Service Chevrolet Cadillac and its agents, employees, and representatives from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any information by any person or party, whether information is favorable or unfavorable to me.

Applications for employment are active for only 90 days. It would be necessary to re-apply should you so desire upon the passage of 90 days from the date this application is signed.

I acknowledge that I have read this authorization and release, fully understand it, and fully and voluntarily agree to its provisions.

(Applicant's Signature)

(Date)

(Applicant's Name)