

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.

SERVICE CHEVROLET CADILLAC APPLICANT'S DISCLOSURE & CONSENT RELEASE OF INFORMATION

Applicant Information

List of all cities lived in within the last 10 years.

Applicant Name (First, Middle, Last)		Current Address (street address)		
Maiden Name		City	State	Zip
Other Name(s) used, or Al	ias	Former Address (1)	
Social Security No.		City	State	Zip
Driver's License No. State		Former Address (2)		
Date of Birth	Place of Birth (City, State)	City	State	Zip

Applicant Instructions: Please read this disclosure and consent form carefully before signing. You will be provided with a copy of this form at any time upon request.

DISCLOSURE AND CONSENT CONCERNING CONSUMER REPORTS FOR EMPLOYMENT APPLICANTS AND EMPLOYMENT PURPOSES.

Read carefully. This consent and release has been provided to you for this employer to request a consumer report or investigate consumer reports in connection with your application for employment, resume, or during the course of your employment, if any.

Applicant acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. The verifications and/or checks may include but are not limited to: driving record, workers compensation records, credit bureau files, financial records, military records, employment references, personal references, any education and licensing institution and to receive any criminal record information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency in Louisiana or any other State. A photocopy scan or telephonic facsimile (Fax) of this Disclosure and Consent authorization for release of information shall be valid as the original. The results of this verification process will be used to determine employment eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated Company Personnel.

According to the Fair Credit Reporting Act, if any adverse decision is made with regard to application for employment, based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, you are entitled to receive a copy of this report upon written request, and a disclosure of the nature and scope of the investigative report.

Your signature below indicates that you have carefully read and understand that a consumer report or investigative consumer report regarding you may be requested and reviewed for employment purposes, including and future decisions concerning your employment, promotion, or retention as an employee. Additionally, your signature below reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing.

CONSENT STATEMENT

I have carefully read and understand this disclosure and consent form and by my signature consent to the release of consumer or investigative consumer reports, as defined above in conjunction with my application for employment. I further understand this consent will apply during the course of my employment, should I obtain such employment, and that such consent will remain in effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so. I further understand that any and all information contained in my job application, or otherwise disclosed to this employer by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Employer and confirm that all such information is true and correct.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered cause for possible dismissal.

I authorize any consumer reporting agency and any of its Agents/designated Company personnel, to disclose orally and in writing the results of this verification process and/or interview to authorized representatives. I do hereby agree to forever release and discharge Service Chevrolet Cadillac and any consumer reporting agency and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs, and expenses, or any other charge or complaint arising from the retrieving and reporting of information.

Applicant Signature



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)		
Addres	s:	Phone				
	(Street)		(Home)			
(City)	(State) (Zip)		(Cell)			
Positio	n Desired:					
Salary I	Desired:					
Data						
Date av	vailable to begin work:					
If hired	, can you show proof of legal authorization	to work in the Uni	ted 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	

Yes

No

Do you have any felony or misdemeanor convictions? A conviction will not necessarily disqualify you from employment.

If yes, explain _____

EMPLOYMENT RECORD

Please account for <u>all time</u> 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
То:	Name:				
From:	Phone:				
То:	То:				
From:	From:				
То:	To:				
From:	From:				
То:	То:				
From:	From:				
То:	To:				
From:	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)