

## APPLICATION FOR EMPLOYMENT

ALL EMPLOYMENT DECISIONS ARE MADE WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, AGE, MILITARY BACKGROUND, DISABILITY, MARITAL STATUS, HEIGHT, WEIGHT, GENETIC INFORMATION OR ANY OTHER LEGALLY PROTECTED STATUS.

Name (Please print - last, middle, first) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Other Names Used (including previous last names) \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

<b>In case of Emergency Notify</b> Name _____ Relationship _____ Address _____ Telephone No. _____	<b>Position Desired</b> _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Wages Desired _____ Date you can start work _____ List hours of availability below each day: M T W TH F S	<b>How did you learn about this job?</b> _____ _____ _____
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Ever applied to this Company before? Yes ☐ No ☐ What Department? \_\_\_\_\_ When? \_\_\_\_\_

If related to anyone in our employ, give name and relationship: \_\_\_\_\_

Are you a citizen of the U.S.? Yes ☐ No ☐ If no, do you have a permit which allows you to work in the U.S.? \_\_\_\_\_

Do you have a valid unrestricted operator's license? Yes ☐ No ☐ Do you own/lease a car? Yes ☐ No ☐

State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Has your operator's license ever been suspended, revoked or restricted? Yes ☐ No ☐ If yes, when & why? \_\_\_\_\_

Have you been in an auto accident in the past three years? Yes ☐ No ☐

Have you ever been refused surety bond? Yes ☐ No ☐ If yes, when and why? \_\_\_\_\_

Have you ever been convicted of a crime? Yes ☐ No ☐ If yes, describe in full: \_\_\_\_\_

Have you ever been discharged or required to resign from a position? Yes ☐ No ☐

Are you on a lay-off and subject to recall? Yes ☐ No ☐

If hired, is there anything which would prevent you from reporting to work each day on time to perform your job duties? Yes ☐ No ☐

If you are under 18, can you furnish a work permit? Yes ☐ No ☐

<b>WORK TIME LOST LAST YEAR DUE TO TARDINESS OR ABSENTEEISM</b> _____ HOURS _____ DAYS	<b>BRANCH OF MILITARY SERVICE, IF ANY:</b> RANK: _____
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### SHOW ACTUAL EXPERIENCE BY CHECKING THE FOLLOWING

- |   |  |   |   |  |   |
|---|--|---|---|--|---|
| <input type="checkbox"/> Service Mgr    | <input type="checkbox"/> Bodyman         | <input type="checkbox"/> Lubrication    | <input type="checkbox"/> Porter         | <input type="checkbox"/> Office Clerk      | <input type="checkbox"/> Used Car Salesperson |
| <input type="checkbox"/> Parts Manager  | <input type="checkbox"/> Painter         | <input type="checkbox"/> New Car Prep.  | <input type="checkbox"/> Maintenance    | <input type="checkbox"/> Phone Op./Recept. | <input type="checkbox"/> New Car Salesperson  |
| <input type="checkbox"/> Sales Manager  | <input type="checkbox"/> Mechanic        | <input type="checkbox"/> Washer/Polish. | <input type="checkbox"/> Cashier        | <input type="checkbox"/> Computer Operator | <input type="checkbox"/> Truck Salesperson    |
| <input type="checkbox"/> Office Manager | <input type="checkbox"/> Helper          | <input type="checkbox"/> Parts Counter  | <input type="checkbox"/> Biller         | <input type="checkbox"/> Warranty Clerk    | <input type="checkbox"/> Finance/Ins. Person  |
| <input type="checkbox"/> Body Shop Mgr  | <input type="checkbox"/> Tower Op.       | <input type="checkbox"/> Parts Clerk    | <input type="checkbox"/> Acc. Pay./Rec. | <input type="checkbox"/> Bookkeeper        | <input type="checkbox"/> Watchman             |
| <input type="checkbox"/> Shop Foreman   | <input type="checkbox"/> Service Advisor | <input type="checkbox"/> Parts Driver   | <input type="checkbox"/> Sec./Typist    | <input type="checkbox"/> Messenger         | <input type="checkbox"/> Other                |

If applicable, check in which areas of repair you are certified by the Michigan Department of State:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Engine tune up          | <input type="checkbox"/> Front end and steering systems | <input type="checkbox"/> Manual transmission and/or axles |
| <input type="checkbox"/> Engine repair           | <input type="checkbox"/> Automatic transmission         | <input type="checkbox"/> Heating and air conditioning     |
| <input type="checkbox"/> Brakes, braking systems | <input type="checkbox"/> Electrical systems             | <input type="checkbox"/> Collision - repair               |

Michigan Mechanic's Certification # \_\_\_\_\_

Expiration Date \_\_\_\_\_