

RECORDS OF PREVIOUS EMPLOYMENT

Please list the names of your present or 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 firm name and supply business references.

Present or Last Employer	<u>Employed</u> From (Mo/Yr)	<u>Pay</u> Start \$	<u>Position</u>	<u>Reason For Leaving</u>
Address				
City, State, Zip Code	To (Mo/Yr)	Final \$	<u>Supervisor</u>	
Telephone				

Previous Employer	<u>Employed</u> From (Mo/Yr)	<u>Pay</u> Start \$	<u>Position</u>	<u>Reason For Leaving</u>
Address				
City, State, Zip Code	To (Mo/Yr)	Final \$	<u>Supervisor</u>	
Telephone				

Previous Employer	<u>Employed</u> From (Mo/Yr)	<u>Pay</u> Start \$	<u>Position</u>	<u>Reason For Leaving</u>
Address				
City, State, Zip Code	To (Mo/Yr)	Final \$	<u>Supervisor</u>	
Telephone				

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:

PREVIOUS EXPERIENCE

Please indicate any actual experience that you have had in any of the following positions.

<u>OFFICE</u>	<u>SALES/LEASING</u>	<u>SERVICE AND REPAIR</u>	<u>PARTS</u>
<input type="checkbox"/> CONTROLLER	<input type="checkbox"/> SALES MANAGER	<input type="checkbox"/> SERVICE MANAGER	<input type="checkbox"/> PARTS MANAGER
<input type="checkbox"/> OFFICE MANAGER	<input type="checkbox"/> F & I MANAGER	<input type="checkbox"/> SERVICE ADVISOR	<input type="checkbox"/> PARTS COUNTER
<input type="checkbox"/> BOOKKEPPER	<input type="checkbox"/> LEASING MANAGER	<input type="checkbox"/> DISPATCHER	<input type="checkbox"/> PARTS STOCKER
<input type="checkbox"/> ACCOUNTS RECEIVABLE	<input type="checkbox"/> AFTER MARKET SALES	<input type="checkbox"/> SHOP FOREMAN	<input type="checkbox"/> PARTS DRIVER
<input type="checkbox"/> ACCOUNTS PAYABLE	<input type="checkbox"/> NEW CAR SALES	<input type="checkbox"/> TECHNICIAN/MECHANIC	
<input type="checkbox"/> PAYROLL CLERK	<input type="checkbox"/> USED CAR SALES	<input type="checkbox"/> ELECTRICIAN	
<input type="checkbox"/> DATA ENTRY	<input type="checkbox"/> TRUCK SALES	<input type="checkbox"/> HELPER	OTHER
<input type="checkbox"/> CASHIER	<input type="checkbox"/> USED CAR MANAGER	<input type="checkbox"/> PAINTER	<input type="checkbox"/> _____
	<input type="checkbox"/> FLEET MANAGER	<input type="checkbox"/> BODY REPAIR	<input type="checkbox"/> _____
		<input type="checkbox"/> GET READY/PREP	

TECHNICIAN/MECHANIC APPLICANTS: Please list all current ASE certifications as well as any other special technical qualifications.

EDUCATION

School Name	Years Completed: (Circle)	Diploma or Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills, and Extra-Curricular Activities
	High School 9 10 11 12			
	College 1 2 3 4			
	Trade or Correspondence			

Have you ever pled guilty or "no contest" to a crime: or been convicted of a crime? Yes No

Do you have any criminal charges pending? Yes No If Yes to either question, please give date and details of each:

NOTE: Do not list convictions which have been expunged. Answering "Yes" to this question does not constitute an automatic bar to employment. Only those crimes which are substantially related to the position you are seeking will be considered.

PERSONAL REFERENCES

Please list persons who know you well—not previous employers or relatives.

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

DRIVING INFORMATION

Do you have a current driver's license? Yes No

State: _____ License No.: _____ Expiration Date: _____

Has your driver's license ever been suspended or revoked? Yes No If Yes, please explain circumstances:

Do you have personal automobile insurance? Yes No Insurance Company: _____

Has your personal automobile insurance ever been cancelled? Yes No If Yes, please explain circumstances:

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)? Yes No

If Yes, please explain circumstances and outcome: _____

Please list all moving traffic violations in the last five (5) years:

Offense Date Location

Offense Date Location

Offense Date Location

Offense Date Location

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

Date

Signature of Applicant