

# APPLICATION FOR EMPLOYMENT

Full Time

Part Time

Date \_\_\_\_\_

Position Desired: \_\_\_\_\_

## WE ARE AN EQUAL OPPORTUNITY EMPLOYER APPLICANT'S STATEMENT

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 make any agreement to the contrary. Any such modification of agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law.

I understand that the company may investigate my driving record, my criminal record and my credit history, and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends and other with whom I am acquainted. This inquiry would include 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 additional detailed information about the nature and scope of this investigation.

I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I certify that all of the information that I provide on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I am being dismissed.

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT.**

Date \_\_\_\_\_

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

### PERSONAL DATA

Name (Print) \_\_\_\_\_  
Last First Middle

Social Security No. \_\_\_\_\_

Present Address \_\_\_\_\_  
Street and Number City State Zip Code

How long have you lived there? \_\_\_\_\_  
Years Months

Previous Address \_\_\_\_\_  
Street and Number City State Zip Code

How long did you live there? \_\_\_\_\_  
Years Months

Telephone No. \_\_\_\_\_

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 relative working here?  Yes  No

If Yes, Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

How would you get to and from work? \_\_\_\_\_

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

If Yes, please give date and details of each: \_\_\_\_\_

NOTE: Answering "Yes" to this question does not constitute an automatic bar to employment.

**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 Name of 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 AND ACCURATE.**

\_\_\_\_\_  
Date

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

**RECORD 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		Employed From (mo/yr)	Pay Start \$	Your Title or Position	Reason for Leaving
Address					
City, State, Zip Code		To (mo/yr)	Final \$	Name and Title of Last Supervisor	
Telephone					
Previous Employer		Employed From (mo/yr)	Pay Start \$	Your Title or Position	Reason for Leaving
Address					
City, State, Zip Code		To (mo/yr)	Final \$	Name and Title of Last Supervisor	
Telephone					
Previous Employer		Employed From (mo/yr)	Pay Start \$	Your Title or Position	Reason for Leaving
Address					
City, State, Zip Code		To (mo/yr)	Final \$	Name and Title of Last Supervisor	
Telephone					
Previous Employer		Employed From (mo/yr)	Pay Start \$	Your Title or Position	Reason for Leaving
Address					
City, State, Zip Code		To (mo/yr)	Final \$	Name and Title of Last Supervisor	
Telephone					
Previous Employer		Employed From (mo/yr)	Pay Start \$	Your Title or Position	Reason for Leaving
Address					
City, State, Zip Code		To (mo/yr)	Final \$	Name and Title of Last Supervisor	
Telephone					
Previous Employer		Employed From (mo/yr)	Pay Start \$	Your Title or Position	Reason for Leaving
Address					
City, State, Zip Code		To (mo/yr)	Final \$	Name and Title of Last Supervisor	
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.

<b>Office</b> <input type="checkbox"/> Controller <input type="checkbox"/> Office Manager <input type="checkbox"/> Bookkeeper <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> Accounts Payable <input type="checkbox"/> Payroll Clerk <input type="checkbox"/> Tag/Title Clerk <input type="checkbox"/> Warranty Clerk <input type="checkbox"/> Data Entry <input type="checkbox"/> Cashier	<b>Sales/Leasing</b> <input type="checkbox"/> Sales Manager <input type="checkbox"/> New Car Sales <input type="checkbox"/> Used Car Sales <input type="checkbox"/> Truck Sales <input type="checkbox"/> F & I Manager <input type="checkbox"/> Leasing Manager <input type="checkbox"/> Fleet Manager <input type="checkbox"/> Truck Manager <input type="checkbox"/> Used Car Manager <input type="checkbox"/> After Market Sales	<b>Service and Repair</b> <input type="checkbox"/> Service Manager <input type="checkbox"/> Service Advisor <input type="checkbox"/> Dispatcher <input type="checkbox"/> Shop Foreman <input type="checkbox"/> Mechanic/Technician <input type="checkbox"/> Electrician <input type="checkbox"/> Helper <input type="checkbox"/> Painter <input type="checkbox"/> Body Repair <input type="checkbox"/> Get Ready/Prep	<b>Parts</b> <input type="checkbox"/> Parts Manager <input type="checkbox"/> Parts Counter <input type="checkbox"/> Parts Stocker <input type="checkbox"/> Parts Driver  <b>Other</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____
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### EDUCATION

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training Experience, Skills, and Extra-Curricular Activities
Elementary				
High School				
College/University				
Graduate/Professional				
Trade or Correspondence				
Other				

In case of an accident or other emergency, whom should we contact?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Street City Zip

Work Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Street City Zip

AUTHORIZATION FOR REFERENCE RELEASE ~ EMPLOYMENT VERIFICATION ~ CONSUMER REPORTS/BACKGROUND INVESTIGATION

I hereby authorize Roundtree Automotive Group, L.L.C., hereinafter "the Company" as follows:

To contact any entity, person, or education institution I listed as a reference, supervisor or previous employer on my employment application and resume. I hereby allow any entity, person, or educational institution I listed as a reference or previous employer to disclose any information they may have regarding my qualifications for employment, including but not limited to my employment history, job performance, salary history and work record.

My signature below, confirms my agreement to release and discharge the Company and its successors, employees, officers and directors as well as any company, person or education institution I have listed as a reference, supervisor or previous employer for all claims, liabilities, and causes of action, known or unknown, fixed or contingent, for providing or receiving relevant any information regarding my qualifications for employment.

In addition to the above, and in compliance with Public Law 91-508 (the Fair Credit Reporting Act) I hereby grant my permission to the Company or its designated representatives or agents to obtain a consumer report and/or conduct a background investigation which may include, but is not limited to, credit reports, criminal, civil, and other public and non-public records, driving records, etc. in connection with my application for employment or current employment with the Company.

This agreement shall remain in full force and effect throughout the term of my employment with the Company.

Applicant/Employee Signature

Date

Social Security Number

Date of Birth

Issuing State Number Expires Driver's License Number