

APPLICATION FOR EMPLOYMENT

THIS FORM HAS BEEN DESIGNED TO STRICTLY COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING DISCRIMINATION. ALL QUALIFIED APPLICANTS WILL RECEIVE EQUAL CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, AGE, MILITARY BACKGROUND, HANDICAP, MARITAL STATUS, HEIGHT, WEIGHT, OR ARREST RECORD.

Name (Please print - last, middle, first) _____ Home Telephone Number _____
 Social Security Number _____

Present Address _____ City _____ State _____ Zip _____ From _____ To _____
 Previous Address _____ City _____ State _____ Zip _____ From _____ To _____

In case of Emergency Notify Name _____ Address _____ Telephone No. _____	Position Desired _____	How did you learn about this job? _____
	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	
	Wages Desired _____	
	Date you can start work _____	

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 operator's permit? Yes No Do you own a car? Yes No

State _____ Driver's License Number _____

Has your operator's permit 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

WORK TIME LOST LAST YEAR DUE TO TARDINESS OR ABSENTEEISM _____ HOURS _____ DAYS	BRANCH OF SERVICE, IF ANY _____	DATE OF DISCHARGE AND 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: _____ Michigan Mechanic's Certification # _____

- | | | |
|--------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------|
| <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 |
- Expiration Date _____

Have you been certified by the National Institute for Automotive Service Excellence (NIASE)? Yes No Any notice of non-compliance? Yes No

If yes, what reason?