APPLICATION FOR EMPLOYMENT

Scoggin-Dickey

Position Desired:		Date:	
PLEASE READ BEFORE FILLING OUT	T APPLICATION		
No question on this application is into purpose, as this company is an equal emplo of race, color, religion, sex, citizenship, national disability, or any other legally protected state APPLICANT'S STATEMENT OF UNDERSTATEMENT OF	yment opportunity employer a nal origin, age, veteran, Rese is. FANDING AND AUTHORIZA	and does not disc erve, National Gu TION:	criminate on the basis lard, marital status,
applicant will be employed. I understand and authorize the compass well as an investigative consumer reports neighbors, friends, and others with whom I as character, general reputation, personal charamake a written request within a reasonable produced nature and scope of this investigative consuments the former employers or references shown be employers to release all records of my employers. I understand that the company may I understand that the company reservamination as well as a periodic physical or drug/alcohol test, to the extent permitted by extent permitted by law, may be given by the I herby state that the information given the I am employed and the information is found Should I be employed I understand	whereby information is obtain an acquainted. This investigated acteristics and mode of living period of time to receive additionar report. I give my permissional permits active to verify the information pyment, including assessment require a Motor Vehicle Reconves the right to require a contract that a polygon accompany during employment en by me in this application is to be false in any respect that	ed through perso- tion includes info I understand that ional, detailed info on to the compa I have given and ts of my job perford (MVR) report. ditional offer of employment as we raph (lie detector tt. true in all respect I may be dismissi	onal interviews with rmation as to my at I have the right to formation about the my to contact any of I authorize previous formance, ability, and imployment medical II as post-employment r) examination, to the cts, and I agree that if sed.
any specific term. Signature of Applicant:		Date:	
I. PERSONAL DATA Name:		Security No.: _	
(PRINT) Last Name First Name	Middle		
Present Address:Street and Number		City S	State Zip Code
Home or Nearest Telephone No.:	Emerge	ncy Phone No.:	
Email Address:			
Are you over the age of 18? Yes [] No	[] If no, employment is su is of minimum legal ag		ation that applicant
Are you legally authorized to work in the	United States? Yes [] No	[]	
If a drivers license is required for the pos	sition for which you are app	lying, do you h	ave a valid drivers
license? Yes [] No []		_	
State Num	nber Expiration Da	te	

Personal Data Continu	ed		
Are there any restriction	s on your driver's license?	/es[] No[]	
Do you hold any other o	perator's permits? Yes [] I	No []	
Do you hold a commerci	al driver's license? Yes []	No []	
Have you ever been cor	victed of a felony, excluding	a traffic violation? Yes	[] No []
	itomatically mean you will no ing that conviction, and how		
convicted of a DWI (Driv	quired for the position for wh ing While Intoxicated) or a D	OUI (Driving Under the II	nfluence)? Yes[] No[]
If yes, give a date and d	etails of each conviction:		
have been issued within record. If a surety bond is require surety bond? Yes [] Note that the surety bond is required by the surety bond? II. EDUCATION List all education and training the surety bond?		show up on your driving you are applying, have and date:	you ever been refused a
Classification	Name and Location	Major Studies	Diploma/Degree
College			
Business School			
Vocational			
High School			
Other			
	tional information such as sp qualifications you feel will be		

III. CHARACTER REFERENCES

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

IV. RECORD OF PR	REVIOUS EMPLOYN	MENT		
	Í of unemployment. I	F self-employed, gi	or last employer listed fir ive firm name and suppl	
Name of Present or Last Employer	Employed	Pay Rate	Employee's Title	Reason for Leaving
Name of Present or Last Employer	Employed	Pay Rate	Employee's Title	Reason for Leaving
Name of Present or Last Employer	Employed	Pay Rate	Employee's Title	Reason for Leaving
Name of Present or Last Employer	Employed	Pay Rate	Employee's Title	Reason for Leaving
Name of Present or Last Employer	Employed	Pay Rate	Employee's Title	Reason for Leaving
Explain any gaps in	your employment his	story set forth abov	e:	
If considered, how s	oon could you repor	t to work:		
Type of employment	t:[]Full Time []	Part Time [] Te	mporary Rate of pay	expected?
What days and hour	s if part-time? Days		Hours	

Are you presently employed? If yes, w	hy do you desire to make a c	hange?
How long have you worked in automobiles? Have you been certified by the (NIASE)? Yes [] No [] If yes, in what areas?	National Institute of Automot	ive Service Excellence
Have you ever worked for this company before? Y	es[] No[] If yes, give dat	es and positions held:
V. GENERAL INFORMATION - Actual experience	e in any of the following, pleas	se check.
REPAIR AND SERVICE	<u>PAR</u>	TS DEPARTMENT
[] Service Manager [] Body Person [] Shop Foreman [] Paint Person [] Machinist [] Helper [] Mechanic [] Radio [] Mechanic Helper [] Trimmer/Upholster [] Electrician [] Polisher	[] Car Washer [] Lubrication Person [] Porter	[] Parts Clerk
SALES DEPARTMENT		<u>OFFICE</u>
[] Sales Manager		oer []

APPLICANT'S CERTIFICATION

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I certify that the information contained in the application is correct to the best of my knowledge and understand that falsification of this information is a ground for dismissal. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I agree to conform to the rules and regulations of the Company. I understand that if any offer of employment is extended that it is conditioned upon completing the Federal I-9 form and providing documents establishing identity and work authorization. I understand that my employment application and any other company documents are not promises of employment. I understand that my employment can be terminated without cause, at any time, at the option of either the company or myself. I understand that no manager or representative of the Company, other than the president, has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Signature:	Date:	
	APPLICANT: Do Not Write Below This Line RECORD OF EMPLOYMENT	
Employed	Assigned	
to(Date)	•	
Basis of Pay		
USE THIS SPACE FOR H	STORY, JOB ASSIGNMENTS, PAY CHANGES, ETC.	
REASON FOR TERMINA	ON	