

Name _____ Occupation _____ City & State _____ Phone _____ Years Acquainted _____

EMPLOYMENT HISTORY (START WITH MOST RECENT)

Dates Employed From To Mo/Yr Mo/Yr		Company Name & Address & Phone	Position & Duties	Starting Wage	Leaving Wage	Reason For Leaving

If currently employed, may we contact your present employer? ___Yes ___No

EDUCATION

Name of School	City/State	Major Course or Subject	Circle Last Year Completed				Dates Mo/Yr	Degree
			1	2	3	4		
High School								
Business School								
College								
Graduate Work								

List scholastic honors, offices held, and activities in high school and college:

Are you planning to pursue further studies? ___Yes ___No ___Day School ___Night School

PLEASE READ BEFORE SIGNING: If you have any questions regarding this statement, please ask the Interviewer before signing. In the event of my employment to a position at this Dealership, I understand that the term of my employment may be terminated at the will of myself or my employer at any time. I further understand that no employee of the Dealership is authorized to promise me anything to the contrary. I also understand that all policy manuals, handbooks, or personnel policies are descriptive only, and may be unilaterally changed and are not intended to form a contract between myself and the Dealership.

I authorize the Dealership to supply my employment record in whole or in part and in confidence to any prospective employer, government agency, or other party, with a legal and proper interest.

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 certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably.

I hereby acknowledge that I have read the above statement and understand the same.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

Signature of Applicant _____ Date _____