

AUTOMOTIVE MANAGEMENT SEARCH. Inc.

Phone 970-879-4743

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Email info@autorecruiters.com

APPLICATION FOR EMPLOYMENT

Position Desired: _____ Date: _____

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 the authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

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

I authorize the Company to investigate my driving record, criminal record and credit history, and I understand that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends and others 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 may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

Date Signature of Applicant

PERSONAL DATA

Social Security # _____/_____/_____
(Print) Last First Middle
Present Address _____ How long have you lived there? _____ Years _____ Months
Previous Address _____ How long did you live there? _____ Years _____ Months
Street and # City State
Telephone #: (_____) _____
Cell #: (_____) _____
Are you 18 years of age or older? ()Yes ()No

Email Address: _____

How would you get to and from work? _____

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

If yes please give details of each: _____

Note: Answering "Yes" to this question does not constitute an automatic bar to employment. Only those crimes that are substantially related to the position you are seeking will be considered.

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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's name and supply business references.

Present or Last Employer	Employed from (mo/yr)	Pay Start	Your Title or Position	Reason for Leaving
_____	\$			
Address				

City, St, Zip	To (mo/yr)	Final \$		

Telephone				

Previous Employer	Employed from (mo/yr)	Pay Start	Your Title or Position	Reason for Leaving
_____	\$			
Address				

City, St, Zip	To (mo/yr)	Final \$		

Telephone				

Previous Employer	Employed from (mo/yr)	Pay Start	Your Title or Position	Reason for Leaving
_____	\$			
Address				

City, St, Zip	To (mo/yr)	Final \$		

Telephone				

Previous Employer	Employed from (mo/yr)	Pay Start	Your Title or Position	Reason for Leaving
_____	\$			
Address				

City, St, Zip	To (mo/yr)	Final \$		

Telephone				

Previous Employer	Employed from (mo/yr)	Pay Start	Your Title or Position	Reason for Leaving
_____	\$			
Address				

City, St, Zip	To (mo/yr)	Final \$		

Telephone				

Have you ever been terminated or asked to resign from any job. () Yes () No If yes, please explain.

Please explain any gaps in your employment history.

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Previous Experience Cont.

Please indicate any actual experience, accomplishments, promotions, etc. you have had in your position or positions:

EDUCATION

School Name	Years Completed (circle)	Diploma/Degree	Describe Course of Study or Major	Describe Special Training, Experience, Extra- Curricular Activities
High School	9 10 11 12			
College/University	1 2 3 4			
Graduate/ Professional	1 2 3 4			
Trade or Correspondence				
Other				

EMERGENCY INFORMATION

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

Name: _____ Relationship: _____

Home Address: _____ Telephone: _____

Work Address: _____ Telephone: _____

Cell # _____

PROFESSIONAL REFERENCES

Please list people with or for whom you have worked.

Name	Occupation	Address (Street, City, State, Zip)	Telephone Number	Number of years worked with or for

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 _____

Do you have personal automobile insurance? () Yes () No Name of Insurance Co.: _____

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 violations in the last five (5) years:

_____ Offense	_____ Date	_____ Location	_____ Offense	_____ Date	_____ Location
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_____ Offense	_____ Date	_____ Location	_____ Offense	_____ Date	_____ Location
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I certify that all of the information that I have provided on this application is true and accurate.

Date

Signature of Applicant