

APPLICATION FOR EMPLOYMENT

Printed Name _____ Position Desired _____ Full time Part time

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER
APPLICANT’S STATEMENT**

I understand that this application is not a promise of employment.

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 or cause and the Company has the same right. No one other than the Owner of the Company has the authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be in writing and signed by the authorized agent.

I understand the Company reserves the right to require me to submit to a medical examination after an offer of employment has been made. I also understand that a drug/alcohol test may be required prior to employment and at any time during my employment to the extent permitted by applicable law. I also understand that I may be required to take other tests, such as personality tests, prior to employment and during my employment.

I understand that the Company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, and others with whom I am acquainted. This inquiry includes 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 pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I hereby state that all of the information that I provide on this application and in any interview is true and accurate. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENTS

Signature of Applicant

Date

APPLICANT INFORMATION

NAME _____
(PRINT) LAST NAME FIRST MIDDLE INITIAL

Address _____
STREET AND NUMBER CITY STATE ZIPCODE

Phone Number _____ Alternate Number: _____

Social Security Number _____ 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 relatives working here? YES NO If yes, Name _____

Do you have reliable means of transportation to travel to and from work which will allow you to consistently arrive at work on time? YES NO

If a driver's license is required for your position for which you are applying, do you have a valid driver's license? YES NO

Do you have the legal right to work in the United States? YES NO
(You will be required to show legal proof of your right to work in the U.S. within 3 business days upon employment)

Do you have a current motorcycle endorsement? YES NO

Have you been cited for a traffic violation of any kind within the last THREE years? YES NO
If yes, please give dates and details _____

Have you ever been arrested or convicted of a crime, excluding non-moving traffic violations?
 YES NO If yes, please give date and details of each _____

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? YES NO

If accommodation is needed please explain _____

What accommodations would you require during the course of a job interview or any objective testing which would be performed in the applicant selection process? NONE SEE BELOW
Please Describe _____

Have you ever been terminated or asked to resign from any job? YES NO
If yes, please explain _____

Please fully explain any gaps in your employment history _____

May we contact your current employer? YES NO If no, please explain _____

EDUCATION AND EXPERIENCE

	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Course of Study Or Major				
Describe any Specialized Training, Skills, or any job related Extra- Curricular Activities				

EMPLOYMENT HISTORY

Please list the names of your 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.

Name of Present or Last Employer	Employed	Pay	Title/Position
Address	From: (Mo./Year)	Start \$	
City, State Zip	To: (Mo./Year)	Final \$	Name of Supervisor
Telephone			
Duties		Reason for Leaving	
Previous Employer	Employed	Pay	Title/Position
Address	From: (Mo./Year)	Start \$	
City, State Zip	To: (Mo./Year)	Final \$	Name of Supervisor
Telephone			
Duties		Reason for Leaving	
Previous Employer	Employed	Pay	Title/Position
Address	From: (Mo./Year)	Start \$	
City, State Zip	To: (Mo./Year)	Final \$	Name of Supervisor
Telephone			
Duties		Reason for Leaving	

ADDITIONAL EMPLOYMENT HISTORY

Previous Employer	Employed	Pay	Title/Position
	From: (Mo./Year)	Start \$	
Address			
City, State Zip	To: (Mo./Year)	Final \$	Name of Supervisor
Telephone			
Duties		Reason for Leaving	

Previous Employer	Employed	Pay	Title/Position
	From: (Mo./Year)	Start \$	
Address			
City, State Zip	To: (Mo./Year)	Final \$	Name of Supervisor
Telephone			
Duties		Reason for Leaving	

Previous Employer	Employed	Pay	Title/Position
	From: (Mo./Year)	Start \$	
Address			
City, State Zip	To: (Mo./Year)	Final \$	Name of Supervisor
Telephone			
Duties		Reason for Leaving	

WEEKLY AVAILABILITY

On the sample schedule below, please list the hours you are available to work for each day of the week.
Saturday's are mandatory

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Which store location are you applying for?

- Baymeadows
 Regency
 Orange Park
 Any

If hired, when would you be available to start work?

- Immediately
 Two Weeks
 Other _____

REFERENCES

Please list individuals who know you well, and can attest to your work performance.
Please do not include relatives.

NAME	ADDRESS	NO. OF YEARS KNOWN
TELEPHONE		OCCUPATION
NAME	ADDRESS	NO. OF YEARS KNOWN
TELEPHONE		OCCUPATION
NAME	ADDRESS	NO. OF YEARS KNOWN
TELEPHONE		OCCUPATION
NAME	ADDRESS	NO. OF YEARS KNOWN
TELEPHONE		OCCUPATION

ADDITIONAL INFORMATION

Please indicate any actual experience you have in the following:

OFFICE

- Accounting Associate
- Bookkeeper
- Customer Satisfaction Associate
- Human Resources Associate
- Marketing Manager
- Marketing Associate
- Tag and Title Associate

SALES/RENTALS

- Business Manager (F&I)
- General Merchandise Manager
- General Merchandise Associate
- Porter
- Rental Manager
- Rental Associate
- Sales Manager
- Sales Representative
- Shipping and Receiving

SERVICE

- Detailer
- Porter
- Service Advisor
- Service Manager
- Service Technician

PARTS

- Back Counter
- Front Counter
- Parts Manager
- Shipping and Receiving

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

Signature _____

Date _____

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 re-apply.