



APPLICATION FOR EMPLOYMENT

☐ Columbia Ford KIA ☐ Gates GMC Nissan ☐ Premier Chevrolet ☐ Putnam Chrysler Dodge Jeep

Position Desired: _____ [] Part time [] Full time Date _____

Name _____
(Print) Last First Middle

Present Address _____
Street and Number City State Zip Code
How long have you lived there? _____
Years Months

Previous Address _____
Street and Number City State Zip Code
How long did you live there? _____
Years Months

Telephone No. _____ Social Security No. _____

Email Address: _____

Have you ever worked for this Dealership before? [] Yes [] No

If Yes, please give dates and position: _____

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 and any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary]

Present or Last Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> From (mo/yr) _____ To (mo/yr) _____	<u>Pay</u> Start \$ _____ Final \$ _____	<u>Your Title or Position</u> _____ <u>Name and Title of</u> <u>Last Supervisor</u> _____	<u>Exact Reason for Leaving</u> _____
Present or Last Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> From (mo/yr) _____ To (mo/yr) _____	<u>Pay</u> Start \$ _____ Final \$ _____	<u>Your Title or Position</u> _____ <u>Name and Title of</u> <u>Last Supervisor</u> _____	<u>Exact Reason for Leaving</u> _____

Telephone				
Present or Last Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> From (mo/yr) _____ To (mo/yr)	<u>Pay</u> Start \$ _____ Final \$ _____	<u>Your Title or Position</u> _____ Name and Title of <u>Last Supervisor</u>	<u>Exact Reason for Leaving</u>

Have you ever been terminated or asked to resign from any job? [] Yes [] No

If Yes please explain circumstances: _____

Please explain fully any gaps in your employment history: _____

May we contact your current employer? [] Yes [] No. If No, please explain: _____

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying. _____

Have you ever used another name? [] Yes [] No

Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain: _____

If hired, can you furnish proof that you are over 18 years of age? [] Yes [] No

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

_____ YEAR	_____ NUMBER OF DAYS
_____ YEAR	_____ NUMBER OF DAYS
_____ YEAR	_____ NUMBER OF DAYS

EDUCATION

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

PERSONAL REFERENCES

Please list persons who know you well -- **not** previous employers or relatives

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

ADDITIONAL INFORMATION - Please indicate any actual experience you have in any of the following positions:

OFFICE

- ☐ Office Manager
- ☐ Bookkeeper
- ☐ Accounts Receivable
- ☐ Accounts Payable
- ☐ Payroll Clerk
- ☐ Tag/Title Clerk
- ☐ Warranty Clerk
- ☐ Data Entry
- ☐ Cashier

SALES

- ☐ Sales Manager
- ☐ Sales Person (New Car)
- ☐ Sales Person (Used Car)
- ☐ Sales Person (Truck)
- ☐ F & I Manager
- ☐ Leasing Manager
- ☐ Fleet Manager
- ☐ Truck Manager
- ☐ Used Car Manager

MANUFACTURING

- ☐ Service Manager
- ☐ Service Writer/Advisor
- ☐ Dispatcher
- ☐ Shop Foreman
- ☐ Mechanic/Technician
- ☐ Electrician
- ☐ Helper
- ☐ Painter
- ☐ Body Repair
- ☐ Get Ready

PARTS

- ☐ Parts Manager
- ☐ Parts Counter
- ☐ Parts Stocker
- ☐ Parts Driver

DRIVING INFORMATION

Complete the following if applying for position which requires driving:

Do you have a current driver's license? ☐ yes ☐ no

State: _____ Lic. No. _____ Expiration Date: _____

Has your driver's license ever been suspended or revoked? ☐ yes ☐ no

If yes, please explain circumstances: _____

Do you have personal automobile insurance? ☐ yes ☐ no

If no, 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 the outcome: _____

Please list all moving traffic violations in the last five (5) years:

_____	_____	_____	_____	_____	_____
Offense	Date	Location	Offense	Date	Location

_____	_____	_____	_____	_____	_____
Offense	Date	Location	Offense	Date	Location

Have you ever served in the military? If so, Dates _____ to _____

Did an employee refer you? If so, name of employee: _____

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 REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Date

Signature of Applicant

THIS MUST BE ON A SEPARATE SHEET OF PAPER

NOTE FOR HR: The answers to these questions must only be available to Human Resources, and cannot be used for interviewing.

Have you ever pled guilty, or no contest to, or been convicted of any misdemeanor or felony? ☐ Yes ☐ No
If Yes, please give the date(s) and details:

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? ☐ Yes ☐ No
If Yes, please give the date(s) and details:

NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic citations and arrests or convictions which have been sealed or expunged in answering this question.)

American Screening, LLC
PO Box 1444
Hebron, CT 06248
P: 888 - 251- 4044 / F: 888 - 254 - 4044
www.americanscreening.com

PRE-EMPLOYMENT CREDIT AUTHORIZATION RELEASE

In connection with my application for employment with your company, I hereby authorize American Screening, LLC to furnish a consumer credit report regarding me.

The information from the credit report will not be used in violation of any Federal or State Equal Employment Opportunity Law or Regulation. You have the right to obtain a copy of the report and the right to dispute any information. You may contact American Screening, LLC directly at (888)-251-4044. A consumer report may be obtained at any time during the application process or during your employment with the Company.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY INFORMATION SERVICE BUREAU CONTACTED BY AMERICAN SCREENING, LLC TO FURNISH THE ABOVE-MENTIONED CREDIT INFORMATION.

Re: Residents of Oklahoma, California & Minnesota (ONLY) have specific disclosure requirements and we are required to give residents of these states an option to receive a copy of their consumer report. Check off to indicate if you wish to receive a copy directly from American Screening, LLC: YES () NO () – If you are eligible for a copy of your consumer report PLEASE SELECT: *Mail* report to address below () or *Email* report () email: _____

I understand that before any adverse action is taken, based in whole or in part on the information contained in the consumer report, I will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of my rights under the Fair Credit Reporting Act, as well as additional information on my rights under the law.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities.

Print Name: _____ / _____ / _____
(Last) (First) (Middle)

Previous Name(s) _____ Date name change(s) occurred _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ State: _____

Current Address: _____ / _____ / _____
(City) (ST) (Zip)

Number of years and months you resided at above: _____

Previous Address: _____ / _____ / _____
(City) (ST) (Zip)

Number of years and months you resided at above: _____

Signature: _____ Date: _____

Company Requesting Check: _____ Contact: _____

Phone: _____ Fax: _____

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GENERAL AUTHORIZATION RELEASE

In connection with my application for employment or tenancy, I understand and agree that background inquiries may be requested by you or on your behalf that will seek information as to my character and work habits. Further, I understand and agree that you may request information from various federal, state and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, criminal record, drug screening, previous employment, academic records and other experiences. Workers Compensation information will be requested in compliance with the Americans with Disability Act. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be advised and be given the name of the original source of the information. This authorization is executed with full knowledge and understanding that the companies involved and others acting on it's behalf will take measures to protect the aforementioned against unauthorized disclosure to any parties not having legitimate need for it in the discharge of official business and will act in good faith to be in compliance with the FCRA and the Drivers Privacy Protection Act. I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities. I hereby authorize, without reservation, any law enforcement agency, administrator, state agency, institution, information service bureau, employer or education institution contacted directly or indirectly by any information service bureaus acting on behalf of employer to furnish the above mentioned information and anytime during my employment with below company.

OK, CA & MN (ONLY) have specific disclosure requirements and we are required to give residents of these states an option to receive a copy of their background check. Check off to indicate if you wish to receive a copy directly from American Screening, LLC: YES () NO () Please supply your Email Address: _____

CT ONLY - By law in the event a Criminal Record is found on you in Connecticut we must notify you. Please supply a confidential email address we can send your notice to. Email Address: _____
Please note: If no email address is listed above then we will mail the report to the current address listed below.

I understand that before any adverse action is taken, based in whole or in part on the information contained in the consumer report, I will be provided a copy of the report, the name, address and telephone number of the reporting agency, a Summary of My Rights under the Fair Credit Reporting Act, as well as additional information on my rights under the law.

Print Name: _____ / _____ / _____
(last) (first) (middle)

Previous Name(s) _____ Date of name change(s) _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ State of LIC: _____

Current Address: _____ / _____ / _____
(City) (ST) (Zip)

Number of **years and months** you resided at above: _____

Previous Address: _____ / _____ / _____
(City) (ST) (Zip)

Number of **years and months** you resided at above: _____

Applicant Signature: _____ Email: _____ Date: _____

Company Requesting Background : _____ **Contact :** _____

Phone : _____ **Fax :** _____

Please select: (a SS# verification is automatically processed with every criminal report request at no charge).

- | | | | |
|---------------------------------------------|---------------------------------------------------|--------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Criminal Records | <input type="checkbox"/> Federal Criminal Records | <input type="checkbox"/> Global Financial Sanctions | <input type="checkbox"/> Driving Record |
| <input type="checkbox"/> Employment Verify* | <input type="checkbox"/> Education Verify | <input type="checkbox"/> Professional License Verify | <input type="checkbox"/> Bankruptcy |
| <input type="checkbox"/> Drug Screening | <input type="checkbox"/> Civil Records Search | <input type="checkbox"/> Sex Offender Search | <input type="checkbox"/> Social Trace |
| <input type="checkbox"/> Media Search | <input type="checkbox"/> Homeland Security Search | <input type="checkbox"/> National CrimeBase Supplement | <input type="checkbox"/> Workers Comp |

*If you have selected an "Employment Verify" you must supply us with the applicant's permission to contact current employer.

Limitation and Waiver Agreement

I hereby give my permission for GATES AUTOMOTIVE GROUP to conduct a drug screening analysis, consisting of urinalysis and/or blood alcohol for the purpose of obtaining or maintaining employment.

I understand that Gregory & Howe, an independent certified toxicology laboratory, will conduct this drug screening and that all positive drug screens will be retested by two alternative scientific methods. I also understand that the purpose of this drug screening is to determine whether I have in the recent past used alcohol, barbiturates, heroin, cocaine, marijuana, or other dangerous and unlawful drugs.

Although I have given my permission for this drug screening, I understand that the test results will not be used for any purpose other than determining any eligibility for initial or continued employment.

Permission is also hereby given to Gregory & Howe to release the results of the drug-screening test to the company, my present or prospective employer.

I understand that I have the right to request a copy of the test results from my present or prospective employer.

Signature

Date

Printed Name