

# Employment Application

Today's Date:

## APPLICANT DATA:

First Name:

Last Name:

Middle Name:

Address:

City:

State:

Zip:

Phone 1:

Phone 2:

E-Mail Address:

Date Available to Start:

Social Security #:

Salary Requirement:

Are you 18 years of age or older?

☐

Yes

☐

No

Have you ever worked for this company?

☐

Yes

☐

No

If yes, when?:

If hired, can you submit verification of your legal right to work in the United States?

☐

Yes

☐

No

Type of employment desired:

☐

Full Time

☐

Part Time

☐

Temporary

☐

Seasonal

Have you ever pled "guilty", "no contest," or been convicted of a crime?

☐

Yes

☐

No

If yes, give dates and details:

*Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applies for will be considered.*

## EMERGENCY CONTACT INFORMATION:

Name:

Phone:

Cell Phone:

Name:

Phone:

Cell Phone:

## REFERRED BY:

How did you hear about us?:

Other:

## POSITION APPLIED FOR:

☐ Sales

☐ Administrative

☐ Clerical

☐ Accounting

☐ Lot Attendant

☐ Detailer

☐ Temp.

☐ Other:

## EDUCATION:

High School:

Address:

Number of Years Completed

Did you graduate?:

Yes

☐

No

☐

**EDUCATION continued:**

College/University:		Address:		
Number of Years Completed:		Did you graduate?: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what year?:	
Major:		:		

**PREVIOUS EMPLOYMENT (begin with most recent position):**

Dates of Employment:		From		To	
Positions Held:					
Company Name:			Address:		
Phone :		Supervisor:		Title:	
Responsibilities:					
Responsibilities:					
Starting Salary & Title:			Ending Salary & Title:		
Reason for Leaving:					
May we contact this employer for a reference?:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Dates of Employment:		From		To	
Positions Held:					
Company Name:			Address:		
Phone :		Supervisor:		Title:	
Responsibilities:					
Responsibilities:					
Starting Salary & Title:			Ending Salary & Title:		
Reason for Leaving:					
May we contact this employer for a reference?:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Dates of Employment:		From		To	
Positions Held:					
Company Name:			Address:		
Phone :		Supervisor:		Title:	

### Previous Employment continued:

Responsibilities:

Responsibilities:

Starting Salary & Title:

Ending Salary & Title:

Reason for Leaving:

May we contact this employer for a reference?:    Yes    ☐    No    ☐

### REFERENCES:

Please furnish the names, addresses and telephone numbers of people to whom you are not related by whom you have not been employed:

Name:

Phone 1:

Address:

City:

State:

Zip:

Name:

Phone 1:

Address:

City:

State:

Zip:

Name:

Phone 1:

Address:

City:

State:

Zip:

### SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATION:

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries as may be necessary for the application process.

I hereby release employers, schools and other persons from all liability when responding to inquiries in connection with my application.

In the event that I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature:

Date:

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