

# Econo Auto Sales

Application for Employment

Position You Are Applying For:

Last Name:		First:	Middle:	Date: ____/____/2019
Street Address:			Email Address:	
City	State	Zip		
Home Phone: (    )	-	Cell Phone: (    )	-	Business Phone: (    )
What was your previous address:			How long at current address?	
			Years	
			Months	
Are you over 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>			Social Security Number:    -    -	
If not, employment is subject to verification of minimum legal age.				
Have you ever applied for employment with us? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Month and Year				
How did you hear about our organization?				
Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Are you employed now? If so, may we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Have you been convicted of a crime in the past 10 years, including misdemeanors, and summary offences, which has not been annulled, expunged, or sealed by court? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe in full:				
Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:				
If employed, do you expect to be engaged in any additional business or employment outside of our job? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:				

## EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you graduate?	Degree or Diploma
College					
High					
Trade					
Other					

**SPECIAL SKILLS**

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

For Driving jobs only:

Do you have a valid Driver's License? Yes  No

Driver License no.                      Class of license                      State Issued:

Have you had your license suspended or revoked in the last 3 years? Yes  No

If yes, please explain:

List professional trade, business or civic activities and offices held.  
(exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, or other protected status).

**WORK HISTORY**

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply references.

Current or Last Employer

Name, address and telephone of Employer:	Employed		Pay		Reason for leaving:
	From (mo/yr)	To (mo/yr)	Start	Final	
			\$	\$	
Duties:					Supervisor(s):
Title:					

Employer no. 2

Name, address and telephone of Employer:	Employed		Pay		Reason for leaving:
	From (mo/yr)	To (mo/yr)	Start	Final	
			\$	\$	
Duties:					

		Supervisor(s):
Title:		

Employer no. 3

Name, address and telephone of Employer:	Employed		Pay		Reason for leaving:
	From (mo/yr)	To (mo/yr)	Start	Final	
			\$	\$	
	Duties:				Supervisor(s):
Title:					

Employer no. 4

Name, address and telephone of Employer:	Employed		Pay		Reason for leaving:
	From (mo/yr)	To (mo/yr)	Start	Final	
			\$	\$	
	Duties:				Supervisor(s):
Title:					

**REFERENCES**

Have you worked or attended school under any other name? Yes  No

If yes, please explain:

Have you ever been fired from a job or asked to resign? Yes  No

If yes, please explain:

Give three (3) professional references (not relatives or former employers)

Name	Address	Phone	Email


**AFFIDAVIT, CONSENT AND RELEASE**  
(please read each statement carefully before signing)

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination and background check. I hereby consent to a pre and/or post-employment drug screen and background check as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITIVE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIC PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT REASON AND WITH OR WITHOUT CAUSE.

I have read and understand, and by my signature consent to these statements.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/2019

This application for employment will remain active for a limited period of time.  
Ask the organization's representative for details.