

**APPLICATION FOR EMPLOYMENT
 AUTO TRUCK CENTER, INC.
 An Equal Opportunity Employer**

Instructions: Please print all information and complete every part of this application. If there is a question that does not apply to you mark "N/A." Do not leave any question unanswered. **Any false, misleading or incomplete responses may result in disqualification for hire or immediate dismissal from employment. You may add another page if necessary.**

Position(s) applied for: (1) _____	(2) _____
Today's Date: _____	Date you can start: _____
How did you learn about this job? _____	

PERSONAL INFORMATION

Name: _____

Last	First	Middle
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Home Address: _____

City	State	Zip Code
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Phone: _____

Social Security Number: _____

Are you available: Full-Time Part-Time Temporary

Please describe any work limitations: _____

Have you applied for a job with us before? Yes No If yes, Date: _____

Have you been employed by us before? Yes No (If yes, state date and job(s): _____

Do you have relatives employed by us? Yes No (If yes, please list the relative(s): _____

Are you at least 18 years old? Yes No

If not, are you at least 16 years old? Yes No

Have you ever been convicted of a felony, or any crime related to theft or dishonesty, or involving acts of violence?
 Yes No (If yes, please describe: _____

NOTE: A conviction record will not necessarily disqualify an applicant from employment. The circumstances of the conviction will be considered in relation to the nature and duties of the job applied for.

Are you a citizen of the United States or specifically authorized to be employed in the United States:
_____ Yes _____ No

NOTE: The law requires that you provide evidence and a sworn statement of your citizenship or work authorization if you are hired. Any offer of employment, which you received, is contingent upon your providing the documentation that we will request from you.

PRIOR EMPLOYMENT

List your last three jobs, beginning with the most recent (omit dates for jobs held more than five years ago).

1. Employer Name / Address / Phone: _____

Job Title: _____ Duties: _____

Dates Employed: _____ to _____ Salary/Bonus: _____

Reason for Leaving: _____

May we contact this employer? _____ Yes _____ No

2. Employer Name / Address / Phone: _____

Job Title: _____ Duties: _____

Dates Employed: _____ to _____ Salary/Bonus: _____

Reason for Leaving: _____

May we contact this employer? _____ Yes _____ No

3. Employer Name / Address / Phone: _____

Job Title: _____ Duties: _____

Dates Employed: _____ to _____ Salary/Bonus: _____

Reason for Leaving: _____

May we contact this employer? _____ Yes _____ No

EDUCATION AND TRAINING

Name and Location of High School: _____

_____ Graduated: _____ Yes _____ No

List technical or trade school, college and post-graduate education, if any:

	School/College	Level Completed	Degree	Major Subjects
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

OTHER SKILLS

Describe any computer, office machine, tool or equipment skills and proficiency level:

Describe any other special skills or qualifications that may help you in the position applied for: _____

List all professional licenses or certifications held, including state, license, or certificate type, date issued, and license or certificate number: _____

List any relevant professional or business organizations to which you belong (Optional): _____

VETERAN STATUS

If you are a veteran of the armed forces of the United States, please provide the following information:

Military Branch: _____ Date of Service: _____

Discharge Date: _____ Honorable Discharge: _____ Yes _____ No

NOTE: A less than honorable discharge will not automatically disqualify you from employment.

REFERENCES

List three personal references, other than prior employers or relatives, whom we can contact.

1. Name: _____ Phone: (____) _____

Length of time known: _____ Occupation: _____

2. Name: _____ Phone: (____) _____

Length of time known: _____ Occupation: _____

3. Name: _____ Phone: (____) _____

Length of time known: _____ Occupation: _____

**APPLICANTS ARE SUBJECT TO PRE-EMPLOYMENT DRUG TEST.
PLEASE INITIAL _____**

AUTO TRUCK CENTER

Applicant Name

By signing below, I certify that the answers and information given above are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, I may not be hired, or if hired, I may be discharged. I authorize Auto Truck Center in researching my statements contained in this application for employment and to investigate my character, qualifications, prior work and educational history, experiences and incidents. I authorize my prior employers, references, and other contact information regarding my work or educational history, experiences, incidents and character references, to provide Auto Truck Center with all requested information and references and to cooperate fully with the vetting of my character and qualifications.

I understand that this application is not a contract of employment. I also acknowledge that no oral representations have been made, and that no one within Auto Truck Center has the authority to make oral contracts of employment. If hired, my employment relationship with Auto Truck Center is terminable at-will with or without cause, by either Auto Truck Center or myself.

I also understand that a physician selected by Auto Truck Center, to which I hereby consent, may condition my employment upon a favorable health evaluation, which may include a medical examination.

I understand and agree to all of the conditions and statements set forth above and throughout this application.

Applicant's Signature

Date and Time a.m. / p.m.