

# **NOTICE**

## **TO ALL APPLICANTS FOR EMPLOYMENT**

**As part of its selection and hiring process, this company engages in drug testing of all otherwise qualified applicants of employment. These tests are highly sophisticated and capable of detecting trace amounts of various drugs for up to 60 days following use. If you have used drugs in the last 60 days, please do not waste our time and yours by applying for work with this company.**

**Test results that indicate the presence of drugs in your body will bar further hiring consideration.**



# Application for Employment

Amarillo Lubbock Fort Worth Oklahoma City Wichita Falls Albuquerque Odessa  
Hobbs Farmington Abilene Dallas Cleburne Bridgeport Tulsa Hans\*\*\*5fXa cfY

## PLEASE READ BEFORE FILLING OUT THIS APPLICATION

No question on this application is intended to secure information to be used for a discriminatory purpose, as this company is an equal employment opportunity employer and does not discriminate on the basis of race, color, religion, sex, citizenship, national origin, age, veteran or marital status, disability, or any other legally protected status.

### APPLICANT'S STATEMENT OF UNDERSTANDING AND AUTHORIZATION:

I understand and authorize the company to obtain a consumer report on my financial and credit record as well as an investigative consumer report whereby information is obtained through personal interviews with neighbors, friends and others with whom I am acquainted. This investigation 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 investigative consumer report. I give my permission to the company to contact any of the former employers or references shown below to verify the information I have given and I authorize previous employers to release all records of my employment, including assessments of my job performance, ability and fitness.

I understand that the company may require a Motor Vehicle Record (MVR) report.

I understand that the company reserves the right to require a conditional offer of employment medical examination as well as periodic physical or medical examinations, a pre-employment as well as post-employment drug/alcohol test, to the extent permitted by law. I understand that a polygraph (lie detector) examination, to the extent permitted by law, may be given by the company during employment.

I hereby state that the information given by me in this application is true in all respects, and I agree that if I am employed and the information is found to be false in any respect that I may be dismissed.

Should I be employed I understand that such employment will not result in an employment contract for any specific term.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## I. PERSONAL DATA

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Print) Last Name First Middle

Present Address \_\_\_\_\_  
Street and Number City State Zip Code

Previous Address \_\_\_\_\_  
Street and Number City State Zip Code

Home or Nearest Telephone No. \_\_\_\_\_ Emergency Phone No. \_\_\_\_\_

Are you over the age of 18? Yes[ ] No[ ] If no, employment is subject to verification that applicant is of minimum legal age.

Are you legally authorized to work in the United States? Yes [ ] No [ ]

Do you have a valid operator's permit (driver's license)? Yes [ ] No [ ]

\_\_\_\_\_  
State                  Number                  Expiration Date

Any restrictions on license? Yes [ ] No [ ] If yes, explain: \_\_\_\_\_

Do you hold any other operator's permits? If yes, explain \_\_\_\_\_

Do you hold a commercial driver's license? Yes [ ] No [ ]

During the last seven (7) years, have you ever been convicted of, or have you pleaded guilty or no contest (nolo contendere) to a felony offense? Yes [ ] No [ ]

If yes, please explain. (Answering "yes" will not automatically bar you from employment. However, we would appreciate an explanation.)

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a DWI (Driving While Intoxicated or Driving under the Influence)?  
Yes [ ] No [ ] If yes, give date and details of each conviction: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## II. EDUCATION

(List all education and training)

CLASSIFICATION	NAME AND LOCATION	MAJOR SUBJECTS	DIPLOMA/DEGREE
COLLEGE			
BUSINESS SCHOOL			
VOCATIONAL			
HIGH SCHOOL			
OTHER			

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## III. CHARACTER REFERENCES

List Persons Who Know You Well – Not Previous Employers or Relatives

NAME	OCCUPATION	ADDRESS (STREET, CITY AND STATE)	TELEPHONE NUMBER	NO. OF YEARS KNOWN

List names of employers in consecutive order with present or last employer listed first. Account for any gaps and any period of unemployment. If self-employed, give firm name and supply business referenced. **PLEASE GIVE MONTH AND YEAR.**

Name of Present or Last Employer	Employed	Pay	Employee's Title	Reason for Leaving
	From	Start		
Address				
	To	Final	Name of Last Supervisor	
City, State, Zip Code				
Telephone				
Name of Present or Last Employer	Employed	Pay	Employee's Title	Reason for Leaving
	From	Start		
Address				
	To	Final	Name of Last Supervisor	
City, State, Zip Code				
Telephone				
Name of Present or Last Employer	Employed	Pay	Employee's Title	Reason for Leaving
	From	Start		
Address				
	To	Final	Name of Last Supervisor	
City, State, Zip Code				
Telephone				

Explain any gaps in your employment history set forth above \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

How soon could you report to work? \_\_\_\_\_

Type of employment:  Full-Time  Part-Time  Temporary

What days and hours if part-time? Days \_\_\_\_\_ Hours \_\_\_\_\_

Rate of pay expected? \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ If yes, why do you desire to make a change?  
\_\_\_\_\_

How long have you worked in the truck industry? \_\_\_\_\_

What makes of equipment do you know best? \_\_\_\_\_

Have you been certified by the National Institute for Automotive Service Excellence (NIASE)?  
Yes  No  If yes, in what areas? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever worked for this company before? Yes  No  If yes, give dates and position held \_\_\_\_\_

#### IV. GENERAL INFORMATION

Please check actual experience in any of the following:

##### REPAIR AND SERVICE DEPARTMENT PARTS DEPARTMENT

- Service Manager  Body Person  Motorcycle  Parts Manager  
 Shop Foreman  Paint Person  Car Washer  Parts Clerk  
 Machinist  Helper  Porter  Parts Delivery  
 Mechanic  Radio  Lubrication Person  
 Mechanic Helper  Trimmer (Upholsterer)  Janitor  
 Electrician  Polisher

##### SALES DEPARTMENT

- Sales Manager  Truck Salesperson  Office Manager  Secretary  
 New Car Salesperson  Fleet Salesperson  Bookkeeper  Clerk  
 Used Car Salesperson  Finance & Insurance Manager  Cashier  \_\_\_\_\_

##### APPLICANT'S CERTIFICATION

I certify that the information contained in this application is correct to the best of my knowledge and understand that Falsification of this information is a ground for dismissal. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I agree to conform to the rules and regulations of the Company. I understand that if an offer of employment is extended that it is conditioned upon completing the Federal I-9 form and providing documents establishing identity and work authorization. I understand that this employment application and any other Company document are not promises of employment. I understand that my employment can be terminated with or without cause and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or representative of the Company, other than the President, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Signature \_\_\_\_\_ Date \_\_\_\_\_



9471 I-40 East • Amarillo, Texas 79118 • 806-376-6273

### APPLICANT DATA RECORD

Applicants are considered for all positions and during employment all employees are treated without regard to race, color, religion, sex, national origin, ancestry, age, veteran status, disability, and any other legally protected status.

As an employer we comply with government regulations, including affirmative action responsibilities where they apply.

For the sole purpose of helping us comply with government record keeping, reporting, and other legal requirements, we request that you complete this data record. Thank you for your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

*(Please print)*

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone( ) \_\_\_\_\_

Address: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-in  Employment Agency  
 Employee  School  Other \_\_\_\_\_

If Employee referral– Name of Employee: \_\_\_\_\_

### VOLUNTARY SURVEY

Check One:  Female  Male

Check one of the following:

Race/Ethnic Group:  American Indian/Alaskan Native  Native Hawaiian/Pacific Islander  
 Black (African American)  Hispanic  White  Asian  
 Two or More Races

Check if any of the following are applicable:

Vietnam Veteran  Disabled Vet  Disabled Individual