

WEST COAST AUTO DEALERS

Application For Employment



APPLICANT INFORMATION (INCOMPLETE INFORMATION COULD DISQUALIFY YOU FROM FURTHER CONSIDERATION)

Last Name

First

M.I.

Date:
Street Address

Apt/Unit #

City

State

ZIP

Phone

E-mail Address

Date Available

Position Applied for

Desired Rate of Pay

Are you a United States citizen?

YES

NO

If no, are you authorized to work in the U.S.?

YES

NO

Have you ever worked for this company?

YES

NO

If so, when?

Have you ever been convicted of a felony?

YES

NO

If yes, explain:

Note: A conviction will not necessarily automatically disqualify you for employment. Such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.

Can you work any shift? YES NO

Overtime? YES NO

Including week-ends? YES NO

Full time? YES NO

Part time? YES NO

Nights? YES NO

How did you hear about us?	WALK IN AD SOURCE: _____ OTHER REFERRAL? EXPLAIN: _____			
EDUCATION	NAME/LOCATION OF SCHOOL	NO. OF YRS. ATTENDED	DEGREE RECEIVED	MAJOR/SUBJECT
High School				
College or University				
Trade or Business School				
PREVIOUS EMPLOYMENT (PLEASE INCLUDE PERIODS OF UNEMPLOYMENT)				
Company		Phone	()	
Address		Supervisor		
Job Title		Starting Salary	\$	Ending Salary \$
Responsibilities				
From:		To:		Reason for Leaving
May we contact your previous supervisor for a reference?		YES	NO	
Company		Phone	()	
Address		Supervisor		
Job Title		Starting Salary	\$	Ending Salary \$
Responsibilities				
From:		To:		Reason for Leaving
May we contact your previous supervisor for a reference?		YES	NO	
Company		Phone	()	
Address		Supervisor		
Job Title		Starting Salary	\$	Ending Salary \$
Responsibilities				
From:		To:		Reason for Leaving
May we contact your previous supervisor for a reference?		YES	NO	
MILITARY SERVICE				
Branch:		From:		To:
Rank at Discharge:		Type of Discharge:		
If other than honorable, explain:				

REFERENCES: INDIVIDUALS WHO ARE NOT RELATED TO YOU AND HAVE KNOWN YOU FOR AT LEAST THREE (3) YEARS.

Full Name		Relationship	
Company		Phone	()
Address			
Full Name		Relationship	
Company		Phone	()
Address			
Full Name		Relationship	
Company		Phone	()
Address			

DISCLAIMER AND SIGNATURE

West Coast Auto Dealers ("the Company") is an equal opportunity / affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

The above information is true and correct. I understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional, past employment history, and references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to obtain any credit and consumer check as necessary for the position I have applied.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Company to hire me. If I am hired, I understand that either the Company or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the Company has the authority to make any assurance to the contrary.

If employed, I will be required to provide original documents, which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date