

BOB'S AUTO SERVICE

Application for Employment

PERSONAL INFORMATION

Complete all applicable information

Name (Full - Last, First, IM)			
Position(s) applied for:		Are you willing to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Nights	
Street Address:	City	State	Zip
Home Phone	Business Phone		
Are you legally authorized to work in the United States? (If no may be required to provide authorization to work.) <input type="checkbox"/> Yes <input type="checkbox"/> No			When could you start employment?
Are you over the age of 18 Years <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you previously been employed by our company? <input type="checkbox"/> Yes <input type="checkbox"/> No Where?
Have you ever been convicted of a felony or a misdemeanor which resulted in imprisonment within the last seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, please explain: (A conviction will not necessarily result in the denial of employment.)			

EMPLOYMENT HISTORY (List below three employers, Starting with the most recent one first)

Present or Last Position	Name of the Company	From Mo/Yr	To Mo/Yr
Street Address		City	State Zip
Duties:		Reason for Leaving:	
Starting Annual Salary	Final Annual Salary	Bonus	Commission May we contact your supervisor?
Name of Supervisor	Title and Department Of Supervisor	Phone Number of Supervisor	

Next Previous Position	Name of the Company	From Mo/Yr	To Mo/Yr
Street Address		City	State Zip
Duties:		Reason for Leaving:	
Starting Annual Salary	Final Annual Salary	Bonus	Commission May we contact your supervisor?
Name of Supervisor	Title and Department Of Supervisor	Phone Number of Supervisor	

Next Previous Position	Name of the Company	From Mo/Yr	To Mo/Yr
Street Address		City	State Zip
Duties:		Reason for Leaving:	
Starting Annual Salary	Final Annual Salary	Bonus	Commission May we contact your supervisor?
Name of Supervisor	Title and Department Of Supervisor	Phone Number of Supervisor	

EDUCATION INFORMATION

High School or GED	Address	City	State	Degree	Subjects Studied	
College	Address	City	State	Degree	Major	GPA
College	Address	City	State	Degree	Major	GPA
Graduate School	Address	City	State	Degree	Major	GPA
Graduate School	Address	City	State	Degree	Major	GPA

REFERENCES (other than those previously listed; no relatives)

Name	Address	City	State	Zip	Phone #
Business or Position:		Years Known:			
Name	Address	City	State	Zip	Phone #
Business or Position:		Years Known:			
Name	Address	City	State	Zip	Phone #
Business or Position:		Years Known:			

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

UNDER MARYLAND, PENNSYLVANIA, WEST VIRGINIA, DISTRICT OF COLUMBIA, WISCONSIN, CONNECTICUT, CALIFORNIA, AND MASSACHUSETTS LAW, AN EMPLOYER MAY REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF MISDEMEANOR.

Signature of Applicant

Date

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with disability, any and other characteristics protected by Federal, State or Local Law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

The employee/applicant may be required to submit to drug/alcohol testing during the scope of their employment. The employee/applicant agrees to non-binding arbitration of any employment disputes.

If hired I agree to abide by all the company rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by an representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by the law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment.

Signature of Applicant

Date