

# Brenengen Auto .com

## Customer for Life

We consider applicants for all positions, without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. However, any applicant who provides unrequested information will be automatically rejected. The ADA requires reasonable accommodation of disabled persons during employment and each stage of the selection process.

It is your right and your responsibility to request accommodation if you need assistance completing the application.

### APPLICATION FOR EMPLOYMENT

IDENTIFICATION				
NAME			DATE OF APPLICATION	
ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NUMBER				
HOW WERE YOU REFERRED TO US FOR EMPLOYMENT?		WERE YOU PREVIOUSLY EMPLOYED BY OUR COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, WHEN & WHERE		TELEPHONE (WITH AREA CODE)
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DO YOU HAVE A LEGAL RIGHT TO WORK IN THIS COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO			ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? IF YES, PLEASE SPECIFY. <input type="checkbox"/> NO <input type="checkbox"/> YES <small>Conviction will not necessarily disqualify an applicant from employment.</small>			HAVE YOU EVER BEEN FIRED BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN.	
AVAILABILITY				
POSITION APPLIED FOR		SHIFT PREFERENCE <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS		DATE AVAILABLE
PAY RATE DESIRED \$ _____ <input type="checkbox"/> HOURLY <input type="checkbox"/> ANNUAL <input type="checkbox"/> OTHER				
HOURS IF PART-TIME, WHAT HOURS/DAYS ARE YOU AVAILABLE? <input type="checkbox"/> FULL TIME (40 HOURS/WEEK) <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY (NOTE FOR HOW LONG?)		CAN YOU TRAVEL IF A JOB REQUIRES IT? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU ON "LAY-OFF" STATUS AND SUBJECT TO RECALL? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW MANY DAYS HAVE YOU MISSED FROM WORK IN THE LAST 24 MONTHS?
EDUCATION/TRAINING				
SCHOOL	LOCATION	# YEARS ATTENDED	DID YOU GRADUATE? IF NOT, LEVEL COMPLETED	SPECIAL COURSES/MAJOR FIELD
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				DEGREE
GRADUATE PROFESSIONAL				DEGREE
OTHER				DEGREE
BUSINESS, TRADE SCHOOLS, APPRENTICESHIP				CERTIFICATE
LIST ANY HONORS, SCHOLARSHIPS, OR SPECIAL RECOGNITION				
LIST ANY SPECIALIZED TRAINING, SKILLS, APPLICABLE LICENSES AND CERTIFICATES, AND EXTRA-CURRICULAR ACTIVITIES				
LIST ANY OTHER QUALIFICATIONS				
MILITARY				
MILITARY SERVICE BRANCH	FROM MONTH/YEAR	TO MONTH/YEAR	FINAL RANK	CLASSIFICATION/SPECIALTY
REFERENCES				
USE THIS AREA TO LIST REFERENCES (NAME, ADDRESS, PHONE NUMBER; NO RELATIVES PLEASE)				
1.				
2.				
3.				

**EMPLOYMENT HISTORY/EXPERIENCE**

(Please start with most recent and explain any gaps in employment)

COMPANY NAME	MAY WE CONTACT THIS COMPANY REGARDING YOUR EMPLOYMENT? ___ YES ___ NO	
	TELEPHONE #:	SUPERVISOR:
LOCATION/ADDRESS	DATES OF YOUR EMPLOYMENT:	
	FROM: TO:	PAY RATE: STARTING : ENDING:
JOB TITLE/DUTIES		REASON FOR LEAVING

COMPANY NAME	MAY WE CONTACT THIS COMPANY REGARDING YOUR EMPLOYMENT? ___ YES ___ NO	
	TELEPHONE #:	SUPERVISOR:
LOCATION/ADDRESS	DATES OF YOUR EMPLOYMENT:	
	FROM: TO:	PAY RATE: STARTING : ENDING:
JOB TITLE/DUTIES		REASON FOR LEAVING

COMPANY NAME	MAY WE CONTACT THIS COMPANY REGARDING YOUR EMPLOYMENT? ___ YES ___ NO	
	TELEPHONE #:	SUPERVISOR:
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	TELEPHONE #:	SUPERVISOR:
LOCATION/ADDRESS	DATES OF YOUR EMPLOYMENT:	
	FROM: TO:	PAY RATE: STARTING : ENDING:
JOB TITLE/DUTIES		REASON FOR LEAVING

LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD (You may exclude membership which would reveal a protected class)

LIST ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION

**CERTIFICATE OF APPLICANT**

(Read carefully before signing). All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations are cause for rejection or if employed, are cause for subsequent dismissal. I hereby authorize any former employer, person, or other organization listed hereon, including this employer, to answer any and all questions. I understand that references will be contacted, and that appropriate work-related references are not limited to those listed in my application. I agree to hold all persons contacted harmless for giving any and all truthful information within their knowledge or records.

I authorize Brenengen Autogroup to obtain an investigative report containing 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 any such investigation.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand this is a preliminary application and not a contract to employ me. Furthermore, in the event I am employed, my employment shall be completely voluntary and may be terminated at will at any time upon notice by either myself or the employer. I agree to take and pass an employer-paid physical examination by a physician at any time before or after employment as a condition of employment. If employed, I agree to comply with all rules of the employer.

APPLICANT SIGNATURE

DATE