

# CHRIS PRUITT AUTO SALES APPLICATION FOR EMPLOYMENT

Chris Pruitt Auto Sales is an equal opportunity employer and does not discriminate in employment on the basis of race, color, religion, sex (including pregnancy, childbirth, or related medical conditions), national origin, age, physical or mental disability, or any other characteristic protected by law.

## GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone ( ) -
Address (Mailing Address)	(City)	(State )	(Zip) Other Telephone ( ) -
E-Mail Address	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact Name & Phone Number	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## POSITION

Position Or Type of Employment Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Weekend
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	

## EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed?  Yes  No  
If no, list the highest grade completed

### College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
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Languages Read, Written or Spoken Fluently Other Than English

## VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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## SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)

**WORK EXPERIENCE** (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
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Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving

I certify the information contained in this application is true, correct, and complete. I understand that false statements reported on this application may be considered sufficient cause for denial of employment and/or, if employed, dismissal during employment. \_\_\_\_\_ (initial)

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

Interviewer Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## AUTHORIZATION FOR BACKGROUND CHECKS

The information requested below is collected solely for the purpose of aiding the Company in running a background check in connection with your application for employment. The Company is requesting that you provide this information to assist in conducting a thorough background check.

Name (Last)	(First)	(Middle Initial)	Date of Birth / /
Address (Residence Address)	(City)	(State)	(Zip) Social Security Number - -
Driver's License Number & Issuing State		Other Names Used (Aliases/Maiden Names)	

After carefully reading and completing this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to the Company and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institution including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to the Company and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from various companies without asking me for my authorization again, as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

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