



**WHITEFORD
KENWORTH**
Division of Lower Great Lakes Kenworth, Inc.



APPLICATION FOR EMPLOYMENT

The Civil Rights Act of 1964 and 1991 prohibits discrimination in employment practices because of race, color, religion, sex or national origin. The Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individual who are at least forty years of age. The Americans with Disabilities Act prohibits discrimination against persons with covered disabilities. This company adheres to the immigration Reform Act of 1986.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Name: _____

Phone: _____ Cell: _____ Social Security #: _____

Present _____ Previous _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Years: _____ Months: _____ Years: _____ Months: _____

Position applied for: _____

Salary desired: _____

Available start date: _____

Are you at least 18 years of age or older: Yes ___ No ___

Military Service: Yes ___ No ___

If yes, Branch: _____

Years Served: _____

Currently Active: Yes ___ No ___

(Note: Answering "Yes" to the following question does not constitute an automatic bar to employment. Only those crimes which are substantially related to the position you are seeking will be considered)

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime: Yes ___ No ___

If yes, explain: _____

Have you worked here before: Yes ___ No ___

If yes, explain: _____

Note: Due to the nature of our business, a valid driver's license is required for many positions within our organization. If you are applying for a position for which driving is an essential function, please answer the following questions.

Do you have a valid driver's license: Yes ___ No ___

Do you have a valid Commercial Drivers License (CDL): Yes ___ No ___

License number: _____

State: _____

Has your driver's license ever been suspended or revoked: Yes ___ No ___

If yes, explain: _____

Do you have personal automobile insurance: Yes ___ No ___

If yes, name of insurance company: _____

Has your personal automobile insurance ever been canceled: Yes ___ No ___

If yes, explain: _____

Please list all moving traffic violations in the last five (5) years including offense, date, location: _____

It may be necessary to obtain a copy of your driving record as a condition of employment.

Do we have your permission to do so if necessary:

Yes ___ No ___

Please initial here: _____

EDUCATION

School Name	Years Completed	Diploma/Degree	Course of Study/Major	Describe Specialized Training, Experience, Skills
	Elementary			
	High School			
	College			
	Grad School			
	Trade School			
	Other			

Have you had any special courses in the transportation field:

Yes ___ No ___

If yes, explain: _____

Technician Applicants: Please list all current certification as well as any other special technical qualifications: _____

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for ***all*** periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

From	To	Name, Address and Phone number of Current or Former Employer	Position or Type of Work	Reason For Leaving	Pay
-					Start: _____ Final: _____
-					Start: _____ Final: _____
-					Start: _____ Final: _____
-					Start: _____ Final: _____
-					Start: _____ Final: _____
-					Start: _____ Final: _____
-					Start: _____ Final: _____

Are you presently employed:

Yes ___ No ___

If yes, may we contact your present employer:

Yes ___ No ___

Have you ever been terminated or asked to resign from any job:

Yes ___ No ___

If yes, explain: _____

Are you able to perform the various functions of the job for which you applied, with or without reasonable accommodation:

Yes ___ No ___

PREVIOUS EXPERIENCE

<u>Office</u>	<u>Sales/Leasing</u>	<u>Service, Body Shop & Parts</u>	
<input type="checkbox"/> Controller	<input type="checkbox"/> Sales Manager	<input type="checkbox"/> Service Manager	<input type="checkbox"/> Parts Manager
<input type="checkbox"/> Office Manager	<input type="checkbox"/> F & I Manager	<input type="checkbox"/> Service Advisor	<input type="checkbox"/> Parts Counter
<input type="checkbox"/> Bookkeeper	<input type="checkbox"/> Leasing Manager	<input type="checkbox"/> Dispatcher	<input type="checkbox"/> Parts Stocker
<input type="checkbox"/> Accounts Receivable	<input type="checkbox"/> After Market Sales	<input type="checkbox"/> Shop Foreman	<input type="checkbox"/> Parts Driver
<input type="checkbox"/> Accounts Payable	<input type="checkbox"/> New Car Sales	<input type="checkbox"/> Technician	<input type="checkbox"/> Porter
<input type="checkbox"/> Payroll Clerk	<input type="checkbox"/> Used Car Sales	<input type="checkbox"/> Electrician	<input type="checkbox"/> Polisher
<input type="checkbox"/> Cashier	<input type="checkbox"/> Truck Sales	<input type="checkbox"/> Painter	<input type="checkbox"/> Janitor
<input type="checkbox"/> Computer Operator	<input type="checkbox"/> Used Car Manager	<input type="checkbox"/> Helper	<input type="checkbox"/> PM Inspection
<input type="checkbox"/> Clerk	<input type="checkbox"/> Fleet Manager	<input type="checkbox"/> Body Repair	<input type="checkbox"/> Alignment
<input type="checkbox"/> Receptionist		<input type="checkbox"/> Vehicle Prep	
Other: _____			

Business machines used: _____

Following a conditional offer of employment, you may be required to submit to a pre-employment health examination, including drug testing, consistent with the Americans with Disabilities Act.

PERSONAL REFERENCES

Give persons who know you well - not previous employers or relatives.

Name	Occupation	Address (Street, City and State)	Phone Number	Years Known

APPLICANT'S ACKNOWLEDGMENT

(Read Carefully)

I hereby state that the information given by me on this employment 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 will be subject to dismissal without notice. Should I be employed, I understand that my employment will be on a trial basis for a period of ninety days from my date of hire, and that before the expiration of that period I may be discharged at the sole discretion of the company. Likewise, I may terminate my employment without notice and no adverse entries will be made on my personnel records. I further understand that the completion of the trial period will not result in an employment contract for any specific term, my employment being "at will" at all times. I further understand that during my tenure of employment, I may be asked to submit to a polygraph (lie detector) or similar tests only if administered in accordance with Federal law. I understand that the employer may ask me to submit to a test for illegal drugs at any time as a condition to commencing or continuing employment and that my refusal to submit to such a test is grounds for the employer to rescind its job offer or terminate my employment. I also understand that if the employer offers me a position, as a condition to my commencing employment, the employer may ask me medically-related questions and/or require that I submit to a pre-employment medical examination, so long as those inquires and/or examinations are job related and consistent with the employer's business necessity. I further authorize the company to conduct an investigation into the facts stated in this application including, if necessary, an investigative consumer report or law enforcement report to which I might make a written request as to the nature and contents of such a report if obtained. I give my permission to the company to contact former employers or references by telephone or in writing to verify the information I have given, and authorize prior employers to release all records of my employment including assessments of my job performance. I also authorize the company to provide truthful information concerning my employment with it to my future prospective employers and agree to hold it harmless of providing such information.

Signature of Applicant

Date