## APPLICATION FOR EMPLOYMENT

FOR:	WESTERN TRUCK INSURANCE SERVICES 9920 LA CIENEGE BEVOLLINGUÉ INGLEWOOD, CA 90301-4432	_	
		Date	, 19
Application for pos	ition as		
Name in Full (print)	(LAST NAME) (FIRST NAM	ME)	(INITIAL)
Social Security Nur	mber 5	Salary expected \$	
Home Address			
City	State		Zip
Can you accept a	position immediately? Yes $\Box$ No $\Box$ If not,	, how soon?	
Residence Telepho	one Message	Telephone	
California Driving L	icense: Yes □ No □ License No	Expiration Date	
How would you ge	t to and from work?		
Have you been cite If yes, please give	ed for a traffic violation of any kind within the last FIVE date and details:		
Have you ever u assumed name	sed another name? Yes □ No □ Is any addition, or nickname necessary to enable a check on your w	nal information relative to change work and education record? If y	of name, use of an es, please explain
Have you ever to A dishonorable or not to hire.	been in the military service? Yes □ No □ If yes or general discharge is not an absolute bar to employn	s, give type of discharge nent. Other factors will affect a fir	nal decision to hire
	B years of age? Yes □ No □ I furnish proof that you are over 18 years of age? Yes	s □ No □	
Do you have an job applied for,	ny physical condition which may limit your ability to per would endanger your health and safety or the health a	rform the job applied for, or whic .nd safety of others? Yes □	h, if you obtain the No □

EDUCATION	Elementary					High School			College/University			Graduate Professional					
Years Completed: (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
List any specialized skills or courses taken relating to the applied for job.																	

## **RECORD OF PREVIOUS EMPLOYMENT:**

Please list the names of your 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.

Name of Present or Last Employer	Employed	Pay	Your Title or Position	Reason for Leaving
	From (mo./yr.)	Start		
Address		\$		
City, State, Zip Code	T ( )	Fire	Name of Land Company	
Dity, State, Zip Code	To (mo./yr.)	Final	Name of Last Supervisor	
Telephone	7	\$		
Previous Employer	Employed	Pay	Your Title or Position	Reason for Leaving
	From (mo./yr.)	Start		
Address		\$		
City, State, Zip Code	To (mo./yr.)	Final	Name of Last Supervisor	
Telephone		\$		
Previous Employer	Employed	Pay	Your Title or Position	Reason for Leaving
• • •	From (mo./yr.)	Start		
Address		\$		
City, State, Zip Code	To (mo./yr.)	Final	Name of Last Supervisor	
Telephone		\$		
Previous Employer	Employed	Pay	Your Title or Position	Reason for Leaving
	From (mo./yr.)	Start		
Address		\$		
City, State, Zip Code	To (mo./yr.)	Final	Name of Last Supervisor	
Telephone		\$		
Previous Employer	Employed	Pay	Your Title or Position	Reason for Leaving
	From (mo./yr.)	Start		
Address		\$		
City, State, Zip Code	To (mo./yr.)	Final	Name of Last Supervisor	
Telephone		\$		
Have you ever been termina	ited or asked to r	esign from any jo	b? □ Yes □ No If yes,	explain circumstances:
Please explain fully any gap	s in your employ	ment history:		
If laid off, give reason				
(In answering the following questions do	not include minor traffic it erwise discharged and th	nfractions, any conviction e case has been judiciall	s for which the record has been sealed or exp y dismissed, referrals to and participation in a	ounged, any conviction for which probation any pretrial or posttrial diversion programs,
· · · · · · · · · · · · · · · · · · ·	ecessarily be a ba	ar to employment.	Factors such as age and time o	f the offense, seriousness and
			in	

Have you been arrested for any matter for which you are out on bail or on your recognizance pending trial?

## **CHARACTER REFERENCES:**

Please list persons who know you well — Not previous employers or relatives

Name	Occupation	Address (Street, City and State)	Number	No. of Years Known
DDITIONAL INFORMATIO				
lease indicate any actual work e	experience you have in any of the followir	ng positions:		
FFICE	SALES/LEASING	SERVICE AND REPAIR	PARTS	
Office Manager	□ Sales Manager	☐ Service Manager	☐ Parts	Manage
Bookkeeper	☐ Salesperson (New Car)	☐ Service Writer/Advisor	□ Parts	Counter
Accounts Receivable	□ Salesperson (Used Car)	□ Dispatcher	☐ Parts	Stocker
Accounts Payable	☐ Salesperson (Truck)	□ Shop Foreman	☐ Parts	Driver
Payroll Clerk	☐ F & I Manager	☐ Mechanic/Technician		
Tag/Title Clerk	<ul><li>Leasing Manager</li></ul>	☐ Electrician		
Warranty Clerk	☐ Fleet Manager	☐ Helper		
Data Entry	☐ Truck Manager	☐ Painter		
] Cashier	<ul><li>Used Car Manager</li></ul>	□ Body Repair		
		□ Get Ready		
EMARKS AND SPECIAL QU	JALIFICATIONS: (please include com	nputer systems and programs with	which you are	familiar)
case of accident or other el	mergency who is the first person we			
	Relationship	IAIANNANA		
	Relationship	lelephone	(BUSI	NESS)
	Relationship	(CITY)	(BUSI	NESS)

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#### **APPLICANT'S STATEMENT:**

In the event of my employment to a position at this company, I will comply with all rules and regulations of this company. I understand that an offer for such employment may be contingent upon the passing of a job related physical examination by a doctor selected by the company, and I consent to the disclosure of the results of this physical to the company. I further consent to allow the company or the company's agent to collect urine and/or blood specimens from me for testing alcohol, drugs and controlled substances as may be permitted by law. I further understand that the company reserves the right to require a physical examination, including a drug/alcohol test, at any time during my employment, to the extent permitted by law. I understand that should I decline to sign this consent or decline to take a test my application for employment may be rejected or my employment may be terminated.

I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that the company may investigate my driving record and my criminal record and that a consumer credit report may be obtained. I further understand that the company may contact my previous employers and I authorize those employers to disclose to the company all records pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information of any person, or party, whether this information is favorable or unfavorable to me.

I authorize the persons named herein as personal references and past employers to provide the company with information concerning my previous employment and any pertinent information they may have regarding myself.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct and that to the best of my knowledge I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be of fault in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that Federal Immigration laws require me to complete an I-9 Form in this regard.

If hired, I agree as follows: My employment and compensation is terminable at will, is for no definite period, and my employment and compensation may be terminated by the company (employer) at any time and for any reason whatsoever, with or without good cause at the option of either the company or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing signed by the President of this company. No supervisor or representative of the company, other than the President, has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between the company and the employee regarding the right of company or employee to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the employee and the company.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

I hereby acknowledge that I have read the above statements and understand the same.

If you have any questions regarding this statement, please ask a company representative before signing.

# Signature of Applicant Date

#### **DECLARACION DEL SOLICITANTE:**

En caso de ser contratado para ocupar un cargo en esta compañía, cumpliré con todas las reglas y los reglamentos de la compañía. Comprendo que la oferta de dicho empleo podrá depender de que yo pase un examen médico para dichos efectos, realizado por un médico seleccionado por la compañía, y consiento a que el médico divulgue a la compañía los resultados del examen médico. Consiento, además, a permitir que la compañía o el agente de la compañía obtengan muestras de orina y/o sangre para análisis de drogas/alcohol y substancias controladas, en la medida que lo permita la ley. Comprendo, además, que un cualquier momento durante mi empleo la compañía reserva el derecho a exigir un examen médico, incluyendo análisis de drogas/alcohol, en la medida que lo permita la ley. Comprendo que si me niego a firmar este consentimiento o a someterme a un análisis, se podrá rechazar mi solicitud de empleo o terminar mi empleo.

Comprendo que una fianza puede ser condición para ser contratado. De así, se me informará de ello después de la contratación y habrá que llenar una solicitud de fianza.

Comprendo que la compañía podrá investigar mis antecedentes automovilísticos y antecedentes penales, y que se podrá obtener un informe sobre crédito al consumidor. Comprendo, además, que la compañía podrá comunicarse con mis patrones previos y autorizo a dichos patrones a divulgar a la compañía todo expediente referente a mi empleo con ellos. Además de autorizar la divulgación de toda información referente a mi empleo, por la presente renuncio plenamente a todo derecho o reclamación que pueda tener ante mis patrones previos, sus agentes, empleados y representantes, y les descargo de toda forma de responsabilidad, reclamaciones o daños y perjuicios que directa o indirectamente puedan surgir del uso, divulgación o revelación de dicha información por parte de cualquiera, independientemente de que esta información me sea favorable o desfavorable.

Autorizo a todas las personas nombradas en la presente en calidad de recomendaciones personales y patrones previos a dar a la compañía informes referentes a mi empleo previo y toda información pertinente que tengan acerca de mí.

Por la presente declaro que toda la información contenida en esta solicitud y demás documentos presentados en conexión con mi empleo, y en toda entrevista, es veraz y correcta y, que a mi mejor saber, no he ocultado nada que, en caso de ser revelado, afectaría desfavorablemente a esta solicitud. Comprendo que si se me contrata y posteriormente cualquiera de estos datos resulta errado en cualquier respecto, se me podrá despedir. Comprendo que sí se me selecciona para la contratación será necesario que yo presente evidencia satisfactoria de mi identidad y autorización legal para trabajar en los Estados Unidos, y que las leyes federales sobre immigración exigen que en este respecto yo llene la planilla I-9.

Si se me contrata, convengo en lo siguiente: mi empleo y remuneración se puede terminar a voluntad, no tiene duración definida, y que la compañía (el patrón) podrá terminar mi empleo y remuneración en cualquier momento y por el motivo que fuere, con o sin motivos justificantes a opción ya sea de la compañía o mía. No es válido ningún acuerdo implícito, oral o escrito que sea contrario al lenguaje explícito de este convenio a menos que esté firmado por el Presidente de esta compañía. Ningún supervisor ni representante de la compañía, que no sea el Presidente, cuenta con ninguna autoridad para celebrar convenios en contravención de lo precedente. Este convenio es el convenio entero entre la compañía y el empleado en cuanto al derecho de la compañía o del empleado a terminar el empleo con o sin motivos justificantes, y este convenio reemplaza a todo convenio, representación y entendimiento previo y contemporáneo entre el empleado y la compañía.

Por la presente certifico que he leido lo precedente y que lo entiendo.

Si tiene preguntas referentes a esta declaración, hágaselas a un representante de la compañía antes de firmar.

NO FIRME ESTA DECLARACION SI NO LA HA LEIDO

Firma d	el Solicitante	Fecha