

# APPLICATION FOR EMPLOYMENT

This company makes its employment decisions without regard to race, color, sex, national origin, religion, marital status, age, prior industrial injury, disability or any other protected classification unrelated to job performance.

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(Last) (First) (Middle)

SOCIAL SECURITY NUMBER \_\_\_\_\_ PHONE NO. \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**NOTICE:** Prior to employment, all applicants must prove they have a legal right to work in the U.S.A.

## EMPLOYMENT DESIRED:

POSITION \_\_\_\_\_ DATE YOU CAN START? \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_ IMMEDIATE SUPERVISOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PHONE NO. \_\_\_\_\_

## DRIVING INFORMATION: (Complete ONLY if the position you are applying for will require you to drive in connection with your employment)

DRIVER'S LICENSE NUMBER? \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

EVER HAD LICENSE SUSPENDED? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_ REASON? \_\_\_\_\_

## CRIMINAL CONVICTION:

Please list any criminal convictions sustained within the last 10 years. You will not be automatically excluded from consideration if you have been convicted of a crime. Your suitability for the position sought will be evaluated based upon the totality of circumstances, such as: the nature of the crime, the recency of the conviction, the type of work involved, etc.

EDUCATION: ELEMENTARY \_\_\_\_\_ YEARS \_\_\_\_\_ HIGH SCHOOL \_\_\_\_\_ YEARS \_\_\_\_\_

UNIVERSITY or COLLEGE \_\_\_\_\_ YEARS \_\_\_\_\_ MAJOR \_\_\_\_\_ DEGREE \_\_\_\_\_

CORRESPONDENCE or SPECIAL STUDY \_\_\_\_\_

NAME OF COLLEGE or TRADE SCHOOL ATTENDED \_\_\_\_\_

## ABILITY TO PERFORM ESSENTIAL JOB FUNCTIONS:

ARE THERE ANY REQUIREMENTS OF THE JOB WHICH YOU MAY BE UNABLE TO PERFORM? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE EXPLAIN ANY REASONABLE ACCOMMODATIONS WHICH YOU MAY NEED. \_\_\_\_\_

In submitting this application for employment, I authorize investigation of all statements contained in it, and it is understood and agreed that any misrepresentation by me in this application may result in cancellation of the application and/or separation from the company's service if I have been employed. I consent to the release to the company of any and all medical information as may be deemed necessary by the company in judging my capability to perform the work for which I have applied. **I understand that drug screening may be required as a condition of employment.**

In consideration of any employment I agree to conform to the rules and regulations of the company. My employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself. I understand that no representative of the company except the General Manager has any authority to enter into any agreement for any specified time or to make any agreement contrary to the foregoing.

I certify I have read all of this application and that the information I have provided above is true and correct.

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

Police Conviction Record Checked.  Motor Vehicle Report Ordered (If applicable). Brief summary of information obtained:  
 INS Form I-9 Completed.

Hired \_\_\_\_\_ For Department \_\_\_\_\_ Position \_\_\_\_\_ Will report \_\_\_\_\_

Salary, wages \_\_\_\_\_

Approved: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Immediate Supervisor

Department Manager

General Manager

**FORMER EMPLOYERS** (List below last four employers, starting with last one first)

Date Month and Year	Name, address and phone # of employer	Salary	Position	Immediate Supervisor	Reason for leaving
From					
To					
From					
To					
From					
To					
From					
To					

**REFERENCES:** Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Phone	Years Acquainted
1.				
2.				
3.				

**ACTUAL EXPERIENCE IN ANY OF THE FOLLOWING - Please Check (✓)**

**REPAIR AND SERVICE DEPARTMENT**

Do you have your own tools? Yes  No

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Service Manager          | <input type="checkbox"/> Brake and Wheel Align | <input type="checkbox"/> Metal Technician | <input type="checkbox"/> Gen. Garage Worker  |
| <input type="checkbox"/> Service Salesperson      | <input type="checkbox"/> Frame and Front End   | <input type="checkbox"/> Painter          | <input type="checkbox"/> Car Polisher        |
| <input type="checkbox"/> Shop Supervisor          | <input type="checkbox"/> Auto Transmission     | <input type="checkbox"/> Paint Helper     | <input type="checkbox"/> Car Washer          |
| <input type="checkbox"/> Estimator                | (State Makes)                                  | <input type="checkbox"/> Upholsterer      | <input type="checkbox"/> Used Car Lot Person |
| <input type="checkbox"/> Mechanic - Line          | <input type="checkbox"/> Air Conditioning      | <input type="checkbox"/> Conv. Tops       | <input type="checkbox"/> Chauffeur           |
| <input type="checkbox"/> Mechanic - General       | <input type="checkbox"/> Install Accessories   | <input type="checkbox"/> Glass            | <input type="checkbox"/> Motorcycle          |
| <input type="checkbox"/> Mechanic's Helper        | <input type="checkbox"/> Dispatcher            | <input type="checkbox"/> Radios           | <input type="checkbox"/> Porter              |
| <input type="checkbox"/> Tune-up                  | <input type="checkbox"/> Tower Operator        | <input type="checkbox"/> Radiators        | <input type="checkbox"/> Janitor             |
| <input type="checkbox"/> New Car Service Mechanic | <input type="checkbox"/> Electrician           | <input type="checkbox"/> Lubrication      |  |

**OFFICE**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> General Manager      | <input type="checkbox"/> Bkpg. Machines (specify) | <input type="checkbox"/> Cashier - General    | <input type="checkbox"/> Secretary - Steno      |
| <input type="checkbox"/> Office Manager       | <input type="checkbox"/> New Car Inventory        | <input type="checkbox"/> Cashier - Service    | Shorthand speed _____                           |
| <input type="checkbox"/> Asst. Office Manager | <input type="checkbox"/> Dealer Trades            | <input type="checkbox"/> Cashier - Relief     | <input type="checkbox"/> Typist - speed _____   |
| <input type="checkbox"/> Accountant           | <input type="checkbox"/> Contracts                | <input type="checkbox"/> General Office Clerk | <input type="checkbox"/> Typist, electric _____ |
| <input type="checkbox"/> Bookkeeper - F.C.    | <input type="checkbox"/> DMV                      | <input type="checkbox"/> Clerk - Typist       | <input type="checkbox"/> PBX Operator           |
| <input type="checkbox"/> Bookkeeper - Asst.   | <input type="checkbox"/> Insurance Clerk          | <input type="checkbox"/> Service Clerk        | <input type="checkbox"/> PBX Relief             |
| <input type="checkbox"/> Payroll              | <input type="checkbox"/> Insurance Manager        | <input type="checkbox"/> Repair Orders        |   |
| <input type="checkbox"/> A/R _____ A/P _____  | <input type="checkbox"/> Have Agents License      | <input type="checkbox"/> Factory Claims       |   |
| <input type="checkbox"/> Journals (specify)   | <input type="checkbox"/> Have Brokers License     | <input type="checkbox"/> Insurance Billing    |   |
| <input type="checkbox"/> Internals            | <input type="checkbox"/> Credit Manager           | <input type="checkbox"/> Summaries            |   |
| <input type="checkbox"/> Summaries            | <input type="checkbox"/> Notary                   | <input type="checkbox"/> Follow-up            |   |

**PARTS DEPARTMENT**

**SALES DEPARTMENT**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Parts Manager            | <input type="checkbox"/> Body Parts    | <input type="checkbox"/> Sales Manager - New Cars           | <input type="checkbox"/> Leasing Department |
| <input type="checkbox"/> Parts Counter Specialist | <input type="checkbox"/> Truck Parts   | <input type="checkbox"/> Sales Manager - Used Cars          | <input type="checkbox"/> Promotion          |
| <input type="checkbox"/> Stock Person             | <input type="checkbox"/> Outside Sales | <input type="checkbox"/> Salesperson - New _____ Used _____ | <input type="checkbox"/> Advertising        |
| <input type="checkbox"/> Inventory                |  | <input type="checkbox"/> Truck Sales                        | <input type="checkbox"/> Fleet              |
| <input type="checkbox"/> Pick-up and Delivery     |  | <input type="checkbox"/> Recreational Vehicles              |   |

## DISCLOSURE OF OBTAINING AN INVESTIGATIVE CONSUMER REPORT

As part of its employment policy Jim Sigel Enterprises Inc. may obtain an investigative consumer report for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee. This report may include information as to your character, general reputation, personal characteristics, and mode of living. The inquiry may include, but is not limited to: conviction record, motor vehicle record, credit check, references, and copies of personnel files.

You have the right to request additional disclosures under federal law. Upon your request, made within a reasonable time Jim Sigel Enterprises Inc. will disclose the nature and scope of the investigation requested. Jim Sigel Enterprises Inc. will send this information within 5 business days of receiving your written notice.

This disclosure is made pursuant to the Federal Credit Reporting Act, 15 U.S.C. 1681(d).

### AUTHORIZATION TO OBTAIN CONSUMER REPORT

I authorize Jim Sigel Enterprises Inc. to obtain a consumer report for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee. I understand that the inquiry may include, but is not limited to: conviction record, motor vehicle record, credit check, references, and copies of prior personnel files. I understand and confirm that this notification and authorization has been read and understood by me and that it becomes a part of the employment application.

\_\_\_\_\_  
Signature of Authorizing Consumer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorizing Consumer

Drivers License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

State of Issuance: \_\_\_\_\_

Social Security Number (for identification purposes): \_\_\_\_\_

If name has changed through marriage or otherwise:

print former name: \_\_\_\_\_

This authorization is given pursuant to the Fair Credit Reporting Act, 15 U.S.C. 1681b(b)(2).

\_\_\_\_\_

Employer Name: Jim Sigel Enterprises, Inc.

Attention: Carol

Account #: 0326769

Return Fax #: (541)476-7369

**You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

**You may seek damages from violators.** If a CRA, a user (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

For Questions or Concerns Regarding:	Please Contact:
CRAs creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 (202) 326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." Appear in or after bank's name)	Office of Comptroller of the Currency Compliance Management, Mall Stop 6-6 Washington, DC 20210 (800) 613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 (202) 452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 (800) 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 (703) 518-6360
State chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 (800) 934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 (202) 366-1306
Activities subject to the Packers and Stockyards Act. 1921	Department of Agriculture Office of Deputy Administrator - GPISA Washington, DC 20250 (202) 720-7051
Motor vehicle records	Insurance Information Exchange PO Box 3001 College Station, TX 77842 (800) 299-7099
Motor vehicle records (state of Washington only)	ChoicePoint 1000 Alderman Drive Alpharetta, GA 30005 (888) 497-0011

American Hardware Mutual Insurance Company provides this information as a service to our policyholders. The information is intended to be general in nature and may not apply to your situation. The information is not legal advice and we urge you to contact your qualified legal advisor for additional advice and assistance.

## **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT**

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA U.S.C. 1681-1681u at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

**You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

**You can find out what is in your file.** At your request, a CRA must give you information in your file, and a list of everyone who has requested it recently. There is no charge for the report if the person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of action. You also are entitled to one free report every 12 months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

**You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days except in Maine where such period is 21 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error). The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

**Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from your files, usually within 30 days (except Maine where such period is 21 days) after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If you dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

**You can dispute inaccurate items with the source of information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report information if it is, in fact an error.

**Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

**Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

**Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurer, or employers without your permission.