



Somerset Auto Group is an equal employment opportunity employer. Somerset Auto Group follows a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability.

Date: _____

Name: _____
Last First Middle

Present address: _____
Number Street City State Zip Code

How long have you lived at this address? _____ Social Security No. _____ - _____ - _____

Previous Address if you have lived at your current address for less than one year.

Number Street City State Zip Code

Home Phone Number: (_____) _____
May we use this phone to contact you? Yes No
Cell Phone Number: (_____) _____
May we use this phone to contact you? Yes No
Work Phone Number: (_____) _____
May we use this phone to contact you? Yes No

Position applied for and salary desired (be specific):

Preference #1: _____ \$ _____
Preference #2: _____ \$ _____

Days/hours available to work:

No Preference _____ Thursday _____ Monday _____ Friday _____ Tuesday _____
Saturday _____ Wednesday _____ Sunday _____

How many hours can you work weekly? _____ Can you work overtime? _____

Employment desired FULL TIME ONLY PART TIME ONLY FULL OR PART TIME

When are you available to begin work? IMMEDIATELY ON THE FOLLOWING DATE: _____
 I NEED TO GIVE _____ WEEKS' NOTICE.

EDUCATION

Did you graduate from High School? Yes No

If "No," circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 ...or, did you receive a High School equivalency diploma? Yes No

SCHOOL	NAME	ADDRESS	DATES ATTENDED		CREDIT HOURS COMPLETED	DID YOU GRADUATE (Yes / No)	TYPE OF DEGREE RECEIVED
			FROM	TO			
TECHNICAL OR BUSINESS							
COLLEGE OR UNIVERSITY							
OTHER EDUCATION							

CRIMINAL CONVICTIONS

HAVE YOU EVER BEEN CONVICTED* OF A CRIME? **

No Yes

ARE CRIMINAL CHARGES CURRENTLY PENDING AGAINST YOU?

No Yes

If "Yes," please provide a list of **EACH** conviction, and all currently pending charges including the nature of the offense, dates of conviction, a detailed explanation about the nature of the conviction, sentence served, release dates and any other pertinent information.

Attach additional sheet(s) of paper if necessary.

***Note:** "Conviction" for purposes of this application means a final judgment or verdict of guilty, a plea of guilty, or a plea of *nolo contendere*, in any state or federal court, regardless of whether an appeal is pending or could be taken.

DRIVER'S LICENSE

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Commercial (CDL) Chauffeur

Expiration date _____

Have you had any accidents in the past three years? Yes No

How many? _____

Have you had any moving violations in the past three years? Yes No

How many? _____

REFERENCES

Please list two references other than relatives or previous employers.

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Company: _____ Company: _____

Address: _____ Address: _____

Telephone: (_____) _____ Telephone: (_____) _____

May we contact this reference? Yes No

May we contact this reference? Yes No

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____

Discharge Date* _____

*Honorable Discharge? Yes No

WORK EXPERIENCE

Please list your work experience for the **past ten years** beginning with your most recent job held. Include self-employment. **Attach additional sheets if necessary.**

May we contact the following employer? Yes No

Name of Employer: _____ Dates of Employment Pay or salary (weekly)

Address: _____ From: _____ Start: \$ _____

_____ To: _____ Final: \$ _____

Phone number: _____

Name of last supervisor: _____ Your last job title: _____

Reason for leaving (be specific): _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact the following employer? Yes No

Name of Employer: _____ Dates of Employment Pay or salary (weekly)

Address: _____ From: _____ Start: \$ _____

_____ To: _____ Final: \$ _____

Phone number: _____

Name of last supervisor: _____ Your last job title: _____

Reason for leaving (be specific): _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Signature of applicant _____ **Date:** _____

PRINT YOUR NAME HERE: _____

Thank you for completing this application form and for your interest in Somerset Auto Group.