

MCGRATH AUTOMOTIVE GROUP APPLICATION FOR EMPLOYMENT

Position Desired: _____ [] Part time [] Full time Today's Date: _____

How did you hear about this position? _____ Pay expected: _____

Email Address: _____ Date available for work: _____

Name: _____

(Print)

Last

First

Middle

Present Address: _____

How long have you lived there? _____

Street and Number

City

State

Zip

Years

Months

Previous Address: _____

How long did you live there? _____

Street and Number

City

State

Zip

Years

Months

Phone #: _____ Have you ever worked for this Company before? [] Yes [] No

Have you applied with this Company in past 6 months? [] Yes [] No

If Yes, please give dates and position: _____

Have you ever pled guilty, or no contest to, or been convicted of any misdemeanor or felony? [] Yes [] No

If Yes, please give the date(s) and details: _____

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? [] Yes [] No

If Yes, please give the date(s) and details: _____

NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic citations and arrests or convictions, which have been sealed or expunged in answering this question.)

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. [Add additional page if necessary]

Present or Last Employer and Address City, State, Zip Code Telephone	<u>Employed</u> From (mo/yr) To (mo/yr)	<u>Pay</u> Start \$ Final \$	<u>Your Title or Position</u> Name and Title of <u>Last Supervisor</u>	<u>Exact Reason for Leaving</u>
Previous Employer and Address City, State, Zip Code Telephone	<u>Employed</u> From (mo/yr) To (mo/yr)	<u>Pay</u> Start \$ Final \$	<u>Your Title or Position</u> Name and Title of <u>Last Supervisor</u>	<u>Exact Reason for Leaving</u>

Previous Employer and Address City, State, Zip Code Telephone	<u>Employed</u> From (mo/yr) To (mo/yr)	<u>Pay</u> Start \$ Final \$	<u>Your Title or Position</u> Name and Title of <u>Last Supervisor</u>	<u>Exact Reason for Leaving</u>
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Have you ever been terminated or asked to resign from any job? Yes No

If Yes, please explain circumstances: _____

Please explain fully any gaps in your employment history: _____

May we contact your current employer? Yes No

If No, please explain: _____

Please indicate any actual experiences, special training and qualifications that you have which you feel are relevant to the position for which you are applying: _____

Have you ever used another name? Yes No If yes, please state other name _____

Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? Yes No If Yes, please explain: _____

If hired, can you furnish proof that you are over 18 years of age? Yes No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? Yes No

Do you have adequate transportation to and from work? Yes No

Do you have a valid IOWA driver's license? Yes No
 If no, please explain _____

Do you have a legal right to work in the United States? Yes No

Are you requesting employment based on a sponsorship of a visa? Yes No

EDUCATION

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
High School Name & Location:	10 11 12			
College/Univ. Name & Location:	1 2 3 4 +			
Trade or Correspondence:				

Other Training				
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REFERENCES

Please list persons who know you well (supervisors, co-workers, friends)—**NOT relatives or relatives “ to be”**

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

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I UNDERSTAND THAT MCGRATH AUTOMOTIVE GROUP FOLLOWS AN "EMPLOYMENT AT WILL" POLICY AND THAT, IF HIRED, EITHER I OR THE COMPANY MAY TERMINATE MY EMPLOYMENT AT ANY TIME AND FOR ANY REASON CONSISTENT WITH APPLICABLE STATE AND FEDERAL LAWS. I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT; I UNDERSTAND THAT FEDERAL LAW REQUIRES THAT ALL PERSONS HIRED MUST SUBMIT PROOF OF EMPLOYMENT AUTHORIZATION AND IDENTITY AND THAT FAILURE TO SUBMIT SUCH PROOF WILL RESULT IN DENIAL OF EMPLOYMENT.

I UNDERSTAND THAT MCGRATH AUTOMOTIVE GROUP MAY THOROUGHLY VERIFY MY PRIOR EMPLOYMENT AND CONTACT MY PERSONAL REFERENCES GIVEN ON THIS APPLICATION AND I AUTHORIZE SUCH INQUIRIES.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Date

Signature of Applicant