



EMPLOYMENT APPLICATION

PLEASE PRINT-USE INK-COMplete ALL SECTIONS

GENERAL INFORMATION																	
Date																	
Last Name		First Name		Middle Name													
Home Address	City	State	Zip Code	Home Telephone No.													
Email Address			Cellular Telephone No.														
Are you under age 18? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, can you provide proof of your eligibility to work? <input type="checkbox"/> YES <input type="checkbox"/> NO																	
Are you currently authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO. Proof of eligibility will be required if hired.																	
JOB INFORMATION																	
Position applying for:			<input type="checkbox"/> Regular <input type="checkbox"/> Temporary	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time													
Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No			How many hours can you work weekly?														
Please list any hours or days that you are not available to work.																	
Complete <i>only</i> if applying for a position that requires shift work.																	
Are you willing to work nights? <input type="checkbox"/> Yes <input type="checkbox"/> No Saturday? <input type="checkbox"/> Yes <input type="checkbox"/> No Sunday? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
When are you available to start work?			Salary Required:														
EDUCATION																	
	Elementary		High School		College/University		Graduate/Professional										
School Name																	
Years Completed (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study or Major																	
Describe Specialized Training, Military Experience, Special Skills and Honors and Awards																	
HOW WERE YOU REFERRED TO US																	
Employee/Friend – Name									Agency – Name								
School – Name									Newspaper – Specify								
Internet – Site Name									Other - Describe								

Applicant's Initials _____

EMPLOYMENT HISTORY

Please list your work experience for the **past seven years** beginning with your most recent job held. Be sure to account for all periods of time, including military service any period of unemployment. If you were self-employed, give company name. **Attach additional sheets if necessary.**

Current employer	Name of last supervisor	Employment dates
Address	Phone number	From
City, State, Zip Code		To
Reason for leaving (be specific)	Your last job title	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
Name of employer	Name of last supervisor	Employment dates
Address	Phone number	From
City, State, Zip Code		To
Reason for leaving (be specific)	Your Last Job Title	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
Name of employer	Name of last supervisor	Employment dates
Address	Phone number	From
City, State, Zip Code		To
Reason for leaving (be specific)	Your last job title	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
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City, State, Zip Code		To
Reason for leaving (be specific)	Your last job title	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
Name of employer	Name of last supervisor	Employment dates
Address	Phone number	From
City, State, Zip Code		To
Reason for leaving (be specific)	Your last job title	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

Applicant's Initials

Have you ever been terminated or asked to resign from any job? Yes No If yes, please explain the circumstances:

Please explain fully any gaps in your employment history:

May we contact your current employer? Yes No If no, please explain:

GENERAL INFORMATION

Have you ever worked for this company before? Yes No If yes, please give dates and position: _____

Do you have any friends or relatives working here? Yes No If yes, Name: _____ Relationship: _____

Do you have a means of transportation that will allow you to consistently arrive at work on time? Yes No

DRIVER'S LICENSE INFORMATION

Complete *only* if applying for a position that requires driving.

Please refer to the positions listed on page four (4) of this application. Positions highlighted in boldface type could involve the use of a company vehicle or the operation of a customer's vehicle and, therefore, require that you have a valid driver's license. After consulting the list on page four (4), please answer the following:

Are you applying for a position with our company that involves the use of a company vehicle or operation of a customer's vehicle? Yes No If yes, please answer the following:

Driver's license number _____ State of issue _____ Expiration Date _____ Operator Commercial (CDL)

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years? Yes No How Many? _____

REFERENCE INFORMATION

Please list three references, other than relatives.

Name	Name	Name
Years Known	Years Known	Years Known
Occupation	Occupation	Occupation
Address	Address	Address
Telephone	Telephone	Telephone

OTHER RELEVANT INFORMATION

List all computer programs in which you are proficient: _____

Can you type? Yes No If yes, please state your speed: _____ words per minute

Please indicate if you are able to perform the essential functions of the job for which you have applied Yes No
If you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform, properly and safely, the job functions identified, please describe the required reasonable accommodation(s): _____

Do you currently use illegal drugs? Yes No

Any additional comments: _____

Applicant's Initials

ADDITIONAL INFORMATION – Please indicate any actual experience you have in any of the following positions:

- | OFFICE | SALES/LEASING | SERVICE & REPAIR | PARTS |
|--|---|---|---|
| <input type="checkbox"/> Office Manager | <input type="checkbox"/> Sales Manager | <input type="checkbox"/> Service Manager | <input type="checkbox"/> Parts Manager |
| <input type="checkbox"/> Bookkeeper | <input type="checkbox"/> Salesperson (New Car) | <input type="checkbox"/> Service Writer/Advisor | <input type="checkbox"/> Parts Counter |
| <input type="checkbox"/> Accounts Receivable | <input type="checkbox"/> Salesperson (Used Car) | <input type="checkbox"/> Dispatcher | <input type="checkbox"/> Parts Stocker |
| <input type="checkbox"/> Accounts Payable | <input type="checkbox"/> Salesperson (Truck) | <input type="checkbox"/> Shop Foreman | <input type="checkbox"/> Parts Driver |
| <input type="checkbox"/> Payroll Clerk | <input type="checkbox"/> F&I Manager | <input type="checkbox"/> Mechanic/Technician | OTHER |
| <input type="checkbox"/> Tag/Title Clerk | <input type="checkbox"/> Leasing Manager | <input type="checkbox"/> Electrician | <input type="checkbox"/> Machinist |
| <input type="checkbox"/> Warranty Clerk | <input type="checkbox"/> Fleet Manager | <input type="checkbox"/> Helper | <input type="checkbox"/> Porter/Janitor |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Truck Manager | <input type="checkbox"/> Painter | <input type="checkbox"/> Security |
| <input type="checkbox"/> Cashier | <input type="checkbox"/> Used Car Manager | <input type="checkbox"/> Body Repair | <input type="checkbox"/> Driver/Messenger |
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> Rentals | | <input type="checkbox"/> Maintenance |

PLEASE READ CAREFULLY

As an indication that you read and understood each sentence, please write your initials in the spaces provided below.

EMPLOYMENT-AT-WILL STATEMENT AND WAIVER

The employment relationship between Hudson County Motors (the "Dealership") and each of its employees is "employment-at-will." This means that either the employee can terminate the employment relationship at any time with or without notice or cause. Likewise, the Dealership can terminate the employment relationship with its employees at any time, with our without notice or cause. _____

The contents of the Dealership's employee handbooks, operating manuals, benefit plans, written policies or actual practices do not create an actual or implied contract of employment or confer any right to remain an employee of the Dealership for any length of time, or otherwise change in any respect the employment-at-will relationship between the Dealership and its employees. The employment-at-will relationship cannot be altered, on behalf of the Dealership, except by a written instrument signed by the President of the Dealership. If employed, I understand that the Dealership may unilaterally change, reduce, revise or eliminate its benefits, policies and procedures at any time with or without notice. _____

REFERENCE CHECKS

I hereby give the Dealership permission to contact schools, current and previous employers (unless otherwise indicated), references and others. I also hereby release the Dealership from any liability that may result of such contact. _____

CONSUMER INVESTIGATIVE REPORT AND DRUG/ALCOHOL SCREEN

I understand that any offer of employment that I receive from the Dealership may be conditioned upon my successful passage of a background check known as a Consumer Investigative Report conducted by a Consumer Reporting Agency and/or a drug and alcohol test. The Consumer Investigative Report will be obtained in accordance with the requirements of the Fair Credit Reporting Act, including a separate consent form. I understand that if the Dealership does make a conditional offer of employment to me, I will be provided with additional consent forms and information required by the Fair Credit Reporting Act. _____

Applicant's Initials

CLASS ACTION WAIVER

I agree to waive my rights to bring any class action proceeding or counterclaim against the Dealership, whether at law or equity, regardless of which party brings suit. This waiver shall apply to any matter whatsoever between the parties hereto which arises out of, or relating to, your employment with the Dealership, including the potential claims listed in the Jury Waiver below. _____

JURY WAIVER

As permitted by law, I waive trial by jury in any litigation arising out of, or relating to, my employment with the Dealership, including claims for wrongful or retaliatory discipline or discharge; claims of age, sexual, sexual orientation, religious, pregnancy, ethnicity, national origin or racial discrimination; claims under Title VII of the Civil Rights Act, Title IX, Americans with Disabilities Act, Age Discrimination in Employment Act, Employee Retirement Income Security Act, Fair Labor Standards Act, Family And Medical Leave Act, Genetic Information Non-Discrimination Act, Consolidated Omnibus Reconciliation Act, Immigration Reform Control Act, Sarbanes-Oxley Act, New Jersey Conscientious Employee Protection Act, New Jersey Wage and Hour Law and all other applicable non-discrimination, harassment, employment or wage and hour statutes. _____

AFFIRMATION OF INFORMATION PROVIDED BY APPLICANT

By signing below, I affirm that my answers to the questions and information provided in this Employment Application above are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that might make the contents of my application false or misleading. I further understand that any misrepresentation, deception or false statement made in the Employment Application may result in the rejection of my application or if not discovered until after becoming employed, may result in my immediate termination. _____

Signature of applicant _____ Date: _____

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Hudson County Motors is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, creed, religion, political affiliation, gender, sexual orientation, ancestry, national origin, citizenship, marital status, domestic or civil union partnership status, veteran status, age or disability.

DO NOT WRITE IN THIS SPACE – FOR INTERVIEWER’S ONLY

Interviewed By:			Department:			Date:		
Comments:								
DATE HIRED			FOR POSITION			FOR DEPARTMENT		
STARTING WAGES			SUPERVISOR TO REPORT TO:					

Applicant's Initials