

Employment History

Please list the names of your previous employers in chronological order with present or last employers 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.

Employer	Employment		Your Title or Position	Reason for Leaving
	From (Mo/Yr)	To (Mo/Yr)		
Address				
City, State, Zip Code	Pay		Name of Last Supervisor	
	Starting	Current		
Telephone ()	\$	\$		

Employer	Employment		Your Title or Position	Reason for Leaving
	From (Mo/Yr)	To (Mo/Yr)		
Address				
City, State, Zip Code	Pay		Name of Last Supervisor	
	Starting	Ending		
Telephone ()	\$	\$		

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	From (Mo/Yr)	To (Mo/Yr)		
Address				
City, State, Zip Code	Pay		Name of Last Supervisor	
	Starting	Ending		
Telephone ()	\$	\$		

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Address				
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Telephone ()	\$	\$		

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City, State, Zip Code	Pay		Name of Last Supervisor	
	Starting	Ending		
Telephone ()	\$	\$		

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: _____

Educational Background

	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed:	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 Extracurricular Activities, Honors and Awards				

General Information (For additional information use a separate sheet)

List all computer programs in which you are proficient:

Are you available to work on weekends or evenings if necessary? Yes No

Are you willing to work overtime if required? Yes No

Will you require any special adaptations to perform for the position for which you are applying? Yes No

Have you failed a pre-employment drug screen or been convicted for the use or sale of drugs within the last TWO years Yes No

Additional comments concerning above information: _____

EMERGENCY INFORMATION

In case of an accident or other emergency, who should we contact?

Name: _____ Relationship _____

Home Address: _____ Home Phone _____
Street City State Zip

Other Phone: _____ Employer _____

Character References

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

Name	Occupation	Address	Phone	Years Known

Additional Information - Please indicate where you have actual experiences in any of the following positions:

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

DO NOT WRITE IN THIS SPACE - FOR INTERVIEWER'S USE ONLY			
Interviewed By: _____		Date: _____	
Comments:			
DATE HIRED	FOR POSITION	FOR DEPARTMENT	
STARTING WAGES	SUPERVISOR TO REPORT TO		

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

 Date

 Signature of Applicant

SAX Motor Co.
52 21st ST E
Dickinson ND 58601

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled **DISCLOSURE REGARDING BACKGROUND INVESTIGATION** and **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT** and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Sax Motor Co. at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 1-888-670-9564; www.VerifiedFirst.com** and/or Employer. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

PLEASE COMPLETE ALL FIELDS BELOW

Last Name		First Name	Middle Name <small>check box if no middle name</small> <input type="checkbox"/>
Social Security Number* ###-##-####		Date of Birth* month/date/year	Email Address <small>required</small>
Driver's License Number	Issuing State*	Former Names/Aliases <small>separate aliases with comma</small>	

CURRENT ADDRESS

Street		Apt/Unit
City	State	Zip

FORMER EMPLOYER

Company	City, State
Position	Dates of Employment

**This information will be used for background screening purposes only and will not be used as hiring criteria.*

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Sax Motor Co. ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 888.670.9564; www.verifiedfirst.com**. The scope of this disclosure allows the Company to obtain consumer reports now and throughout the course of your employment for an employment purpose to the extent permitted by law.

Applicant Signature

Date