

Lichtsinn Motors Application for Employment

Lichtsinn Motors is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, age, marital status, national origin, disability, status as a disabled Veteran, or on any other basis prohibited by the applicable laws.

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

PERSONAL INFORMATION

NAME: _____ Social Security No. _____
Last Name First Middle

PRESENT ADDRESS: _____
Street and Number City State Zip
HOW LONG HAVE YOU LIVED THERE? _____

PREVIOUS ADDRESS: _____
Street and Number City State Zip
HOW LONG DID YOU LIVE THERE? _____

TELEPHONE NUMBER: _____ Are you 18 Years of Age or Older? YES NO

If hired are you able to furnish proof of eligibility to work in the U.S.? YES NO

Have you ever worked for Lichtsinn Motors before? YES NO If yes, dates & position: _____

Do you have friends or relatives working here? YES NO If yes, Name: _____

Do you have a reliable means of transportation to travel to and from work? YES NO

If a driver's license is required for the position for which you are applying, do you have a valid driver's license?
 YES NO

Have you had any driving convictions, accidents, license suspension or revocations in the last 5 years?
 YES NO

If yes, please give date and details: _____

Have you ever been convicted of a crime or received a verdict of anything other than not guilty in any criminal investigation or proceeding? YES NO

If yes, describe when the conviction occurred, the facts and circumstances, and any facts pertaining to rehabilitation. _____

EDUCATION

	ELEMENTARY	HIGH SCHOOL	COLLEGE	TRADE OR BUSINESS SCHOOL
School Name				
Did you Graduate or # of Years Completion				
Course of Study				

Describe area of Study or Training applicable to position:

RECORD OF PREVIOUS EMPLOYMENT

Please list names of previous employers in chronological order with most recent/current employer listed first. Be sure to account for all periods of time.

Name of Present/ Last Employer	Employed From (mo./yr.)	Pay Start \$:	Title or Position	Reason for Leaving
Address:	To: (mo./yr.)	Final \$	Name of Last Supervisor:	
City, State, Zip Code				
Telephone				

Previous Employer	Employed From (mo./yr.)	Pay Start \$:	Title or Position	Reason for Leaving
Address:	To: (mo./yr.)	Final \$	Name of Last Supervisor:	
City, State, Zip Code				
Telephone				

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Address:	To: (mo./yr.)	Final \$	Name of Last Supervisor:	
City, State, Zip Code				
Telephone				

Please explain any gaps in your employment history: _____

Are there any other experiences, skills, or qualifications which you feel would especially qualify you for the position desired? (computer experience, technical certification, etc.) _____

REFERENCES

Please list names of persons not related to you, whom you have known at least one year, including a previous supervisor if possible. These should include both personal and work references.

Name	Occupation/Place of Employment	Relationship To	# of Years Acquainted	Telephone #/ Address

APPLICANT'S STATEMENT

I understand that this application is not a promise of employment.

I understand that if I am hired, my employment will be for no definitive period of time.

I consent to take any physical examinations, including, but not limited to, tests for alcohol or drugs, that may be requested by the Company. (1) following an offer of employment and prior to commencement of work; and (2) during the course of my employment, consistent with applicable law, including, but not limited to, the Americans With Disabilities Act. I further authorize any health care professional or testing facility who performs such an examination or who has other information concerning my physical, mental or other medical status to release such information to the Company. I understand that if my drug screen is positive for any illegal substance, that any offer of employment will be rescinded, or if I have already commenced work, I will be terminated.

I hereby authorize the Company to obtain from schools, former and current employers, government agencies or other individuals or institutions it contacts, any information in their possession regarding my employment history or qualifications for the job for which I have applied, my driving record and my criminal record, regardless of whether the information is favorable or unfavorable to me. I promise to hold harmless, covenant not to sue and release the Company, the entities and individuals contacted and their agents from any and all liability which may directly or indirectly result or flow from the obtaining and use, disclosure and/or dissemination of such information.

In consideration of my employment, I agree to conform to the Company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the Company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than its owner, has the authority to modify this relationship or to make any agreement to the contrary.

I have read this employment application and I fully understand its contents. I hereby certify that all of the information that I have provided on this application is true and accurate, and that I have not omitted any of the information called for. I understand that any false statements or omissions made by me in connection with this application, in interviews, or in responding to further requests for information is sufficient grounds for my rejection as an applicant or my dismissal if I have been hired, regardless of when the falsity or omission is discovered.

Signature of Applicant

Date