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 € West Broad Audi   € West Broad Volkswagen   € West Broad Collision Center  
 € West Broad Honda   € West Broad Hyundai   € Page Customs Rods & Restoration  
 www.PageAuto.com   •   Post Office Box 72075   •   Richmond, Virginia 23255-2075

Position Desired: \_\_\_\_\_ € Full Time € Part Time Date \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER  
APPLICANT'S STATEMENT**

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right: No one other than the President of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I authorize the Company to investigate my education history, my driving record, my credit history and my criminal record. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

By signing below, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

**\*\*\* AUTHORIZATION TO OBTAIN CONSUMER REPORTS \*\*\***

**IT HAS BEEN DISCLOSED TO ME THAT THE COMPANY MAY OBTAIN ONE OR MORE CONSUMER REPORTS ON ME FOR USE IN CONNECTION WITH MY APPLICATION OR FOR OTHER EMPLOYMENT-RELATED PURPOSES. THESE REPORTS MAY INCLUDE CREDIT BUREAU REPORTS, CRIMINAL RECORDS AND DRIVING RECORDS. I AUTHORIZE THE COMPANY OR PERSONS ACTING ON ITS BEHALF TO OBTAIN THESE REPORTS.**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

**PERSONAL DATA**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 (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

Home Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Email Address: \_\_\_\_\_ Are you 18 years of age or older?  Yes  No

Are you legally eligible to work in the United States?  Yes  No

Have you ever legally used another name?  Yes  No If Yes, what name(s)? \_\_\_\_\_

Have you ever worked applied with Page Auto Group before?  Yes  No If Yes, Location: \_\_\_\_\_  
 Date: \_\_\_\_\_

Do you have any friends or relatives working here?  Yes  No

If Yes, Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## RECORDS 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.

Present or Last Employer	<u>Employed</u> From (Mo/Yr)	<u>Pay</u> Start \$	<u>Position</u>	<u>Reason For Leaving</u>
Address				
City, State, Zip Code	To (Mo/Yr)	Final \$	<u>Supervisor</u>	
Telephone				

Previous Employer	<u>Employed</u> From (Mo/Yr)	<u>Pay</u> Start \$	<u>Position</u>	<u>Reason For Leaving</u>
Address				
City, State, Zip Code	To (Mo/Yr)	Final \$	<u>Supervisor</u>	
Telephone				

Previous Employer	<u>Employed</u> From (Mo/Yr)	<u>Pay</u> Start \$	<u>Position</u>	<u>Reason For Leaving</u>
Address				
City, State, Zip Code	To (Mo/Yr)	Final \$	<u>Supervisor</u>	
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:

**PREVIOUS EXPERIENCE**

Please indicate any actual experience that you have had in any of the following positions.

<u>OFFICE</u>	<u>SALES/LEASING</u>	<u>SERVICE AND REPAIR</u>	<u>PARTS</u>
<input type="checkbox"/> CONTROLLER	<input type="checkbox"/> SALES MANAGER	<input type="checkbox"/> SERVICE MANAGER	<input type="checkbox"/> PARTS MANAGER
<input type="checkbox"/> OFFICE MANAGER	<input type="checkbox"/> F & I MANAGER	<input type="checkbox"/> SERVICE ADVISOR	<input type="checkbox"/> PARTS COUNTER
<input type="checkbox"/> BOOKKEPPER	<input type="checkbox"/> LEASING MANAGER	<input type="checkbox"/> DISPATCHER	<input type="checkbox"/> PARTS STOCKER
<input type="checkbox"/> ACCOUNTS RECEIVABLE	<input type="checkbox"/> AFTER MARKET SALES	<input type="checkbox"/> SHOP FOREMAN	<input type="checkbox"/> PARTS DRIVER
<input type="checkbox"/> ACCOUNTS PAYABLE	<input type="checkbox"/> NEW CAR SALES	<input type="checkbox"/> TECHNICIAN/MECHANIC	
<input type="checkbox"/> PAYROLL CLERK	<input type="checkbox"/> USED CAR SALES	<input type="checkbox"/> ELECTRICIAN	
<input type="checkbox"/> DATA ENTRY	<input type="checkbox"/> TRUCK SALES	<input type="checkbox"/> HELPER	OTHER
<input type="checkbox"/> CASHIER	<input type="checkbox"/> USED CAR MANAGER	<input type="checkbox"/> PAINTER	<input type="checkbox"/> _____
	<input type="checkbox"/> FLEET MANAGER	<input type="checkbox"/> BODY REPAIR	<input type="checkbox"/> _____
		<input type="checkbox"/> GET READY/PREP	

TECHNICIAN/MECHANIC APPLICANTS: Please list all current ASE certifications as well as any other special technical qualifications.

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**EDUCATION**

School Name	Years Completed: (Circle)	Diploma or Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills, and Extra-Curricular Activities
	High School 9 10 11 12			
	College 1 2 3 4			
	Trade or Correspondence			

Have you ever been convicted of a crime?  Yes  No

If Yes, please give date and details:

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**NOTE: Do not list convictions which have been expunged. Answering "Yes" to this question does not constitute an automatic bar to employment. Only those crimes which are substantially related to the position you are seeking will be considered.**

**PERSONAL REFERENCES**

Please list persons who know you well—not previous employers or relatives.

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

**DRIVING INFORMATION**

Do you have a current driver's license?  Yes  No

State: \_\_\_\_\_ License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has your driver's license ever been suspended or revoked?  Yes  No If Yes, please explain circumstances:

\_\_\_\_\_

Do you have personal automobile insurance?  Yes  No Insurance Company: \_\_\_\_\_

Has your personal automobile insurance ever been cancelled?  Yes  No If Yes, please explain circumstances:

\_\_\_\_\_

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)?  Yes  No

If Yes, please explain circumstances and outcome: \_\_\_\_\_

\_\_\_\_\_

Please list all moving traffic violations in the last five (5) years:

\_\_\_\_\_  
Offense                      Date                      Location

\_\_\_\_\_  
Offense                      Date                      Location

\_\_\_\_\_  
Offense                      Date                      Location

\_\_\_\_\_  
Offense                      Date                      Location

**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, COMPLETE AND ACCURATE.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant