APPLICATION FOR EMPLOYMENT – EQUAL OPPORTUNITY EMPLOYER

We respect the privacy of the information job applicants entrust to us. The numbers printed next to each section where personal information is requested correspond to the numbers listed in the Notice at Collection of Personal Information, printed on the last page of this application.

DEALERSHIP NAME								Date			
Dealership Address											
Position For Which You Are Applying							Full-Time 🗋 Part-Time 🗌	Expecte Earning		\$	☐ Hr. ☐ Mo. ☐ Yr.
Applicant's Name [123]	Last				Fin	st				Middle (no	ot initial only)
List any other names (suc work and education recor	h as former n d ^[3]	ames, ali	iases	and nicknam	nes) that you	have use	ed since high	school	to ena	ble us t	o verify your
Last Name Firs	st Name	Middle Na	lame (n	ot initial only)	Last Name		First Name	М	iddie Nai	me (not in	itial only)
Home Address ^[1,3]	Street										
City		S	State	ZIP	Since	Home P	hone		Messag	e/Mobile I	Phone
Email Address [1]		1		l,	4						
Prior places of residence	(list all during	the past	t seve	en years) [3]						-	
City	State	From mont	th/yr	To month/yr	City			State	From me	onth/yr	To month/yr
City	State	From mont	th/yr	To month/yr	City			State	From mo	onth/yr	To month/yr
Can you accept a position	n immediately	?	Yes [No 🗍	If not, how	soon?					
If hired, can you furnish pro least 18 years of age? [4]	oof that you a	re at	Yes [No 🗍	If hired, are United Stat	you authes? [5]	orized to worl	k in the		Yes [No 🗍
Do you have friends or rela	atives working	here? If y	/es, pl	ease identify be	low: ^[3]		Yes 🗍 No	7		_	
Name of friend or relative working h	nere	R	Relation	ship	Name of friend	l or relative v	vorking here			Relation	ship
If a drivers license is requi	red for the pos	sition for v	which	you are apply	ying, do you	have a va	lid drivers lice	nse? [6]		Yes [No
State License No.		E	xpiratio	on Date	Do you hav	ve a moto	rcycle license	? [6]] No []
Have you been convicted of If yes, please give date and details bek	of, or pleaded	no contes	st to a	a traffic violation	on of any kin	d within t	ne last FIVE y	ears? [2]	iuvenile:] No []
also, do not list any felonies and/or mis	demeanors and limit	your respons	ses to tra	affic infractions.)		sis, detentions	and/or court dispos		uvenne,		
EDUCATION [2.3]	Elementa	ry School		High	School	С	ollege/Universi	ty	Gra	duate/P	rofessional
School Name											
Years completed			_								
Diploma/Degree Describe course of study											
or major											
Describe Specialized Training, Skills and Extra- Curricular Activities											
FORM NO. <u>B191220</u> (Rev. 05/20)											

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The Reynolds and Reynolds Company T0 ORDER: www.reysource.com; 1-800-344-0996; fax 1-800-531-9055

RECORD OF PREVIOUS EMPLOYMENT: [2,3]	
Have you worked for this Company or any other affiliate of this Company before? If, Yes please include below.	Yes 🗍 No 🗍
List the names of your previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time service and any period of unemployment. If self-employed, list firm's name and business references.	including military

Present or Latest Employer	Employed	Your Title or Position	Name of Last Supervisor	
Name	From (mo/yr)			
Telephone		Reason fo	or Leaving	
Address	To (mo/yr)			

Previous Employer	Employed	Your Title or Position	Name of Last Supervisor	
Name	From (mo/yr)			
Telephone		Reason for Leaving		
Address	To (mo/yr)			

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Telephone		Reason for Leaving		
Address	To (mo/yr)			

Previous Employer	Employed	Your Title or Position	Name of Last Supervisor
Name	From (mo/yr)	n – – – – – – – – – – – – – – – – – – –	
Telephone		Reason fo	or Leaving
Address	To (mo/yr)		

Previous Employer	Employed	Your Title or Position	Name of Last Supervisor	
Name	From (mo/yr)			
Telephone		Reason for Leaving		
Address	To (mo/yr)			

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	8
Yes 🗖 No 🗖	If yes, explain circumstances:
	¢.
LITY, ILLNESS OR PREGN	IANCY IN RESPONSE TO THIS QUESTION)
Yes No	If no, please explain.
	LITY, ILLNESS OR PREGN

CHARACTER REFERENCES: [2,3]

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

Name	Occupation	Address (Street, City and State)	Telephone number	Years known

California Consumer Privacy Act / Notice at Collection of Personal Information.

This Notice applies specifically to the personal information provided to us by completion of this application. The personal information requested on this form is collected, used, and shared with third-party service providers to fulfill the following purposes:

- 1. Communicate with you
- 2. Consider your suitability for employment
- 3. Run background checks (with your consent)
- 4. Confirm you are competent to enter into contracts and not subject to child labor laws
- 5. Confirm your eligibility to work in the United States
- 6. Check your driver's license status and driving record (if you will be driving our vehicles)
- 7. Obtain your affirmation that the facts set forth in the employment application are true and complete to the best of your knowledge.

Note: The numbers correspond to the numbers printed throughout the application, in each location where personal information is requested.

We do not and will not sell your personal information and will only maintain your information for as long as needed to fulfill the purpose for which it was collected. For more information regarding our privacy practices, view the Privacy Policy on our website or ask a dealership representative for a copy.

ADDITIONAL INFORMATION:^[2]

Please indicate any actual work experience you have in any of the following positions. OFFICE SALES/LEASING SERVICE AND REPAIR PART9 □ Office Manager Sales Manager □ Service Manager Parts Manager Parts Counter Bookkeeper □ Salesperson (New Car) □ Service Writer/Advisor □ Accounts Receivable Salesperson (Used Car) Parts Stocker Dispatcher □ Accounts Payable □ Salesperson (Truck) □ Shop Foreman Parts Driver Payroll Clerk □ F & I Manager Mechanic/Technician DMV/Title Clerk Leasing Manager Electrician □ Warranty Clerk Fleet Manager Helper Painter Data Entry Truck Manager Body Repair □ Cashier Used Car Manager □ Internet Sales Detailer **REMARKS AND SPECIAL QUALIFICATIONS:**

Please include computer systems and programs with which you are familiar [2]

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. PLEASE READ AND SIGN BELOW. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Applicant Signature ^[7] Date
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