



# JOHNSON MOTOR SALES

620 Deere Drive, New Richmond, Wisconsin 54017 (715) 246-2261

## APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE – EQUAL OPPORTUNITY EMPLOYER Date \_\_\_\_\_

Position Desired	<input type="checkbox"/> Full Time	Salary desired	Available Date
	<input type="checkbox"/> Part Time		

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

*(Please Initial Each Statement)*

\_\_\_\_\_ I understand that this application will be given every consideration, but is not a promise of employment.

\_\_\_\_\_ 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 Johnson Motor Sales has the same right. No one other than the Owner of Johnson Motor Sales has authority to modify this relationship or to make any agreement to the contrary. Any such modification must be in writing.

\_\_\_\_\_ I understand that the Johnson Motor Sales reserves the right to require me to submit to a medical examination, including a drug/alcohol test, prior to employment and at any time during my employment, to the extent permitted by law. I also understand that I may be required to take other tests, such as personality and knowledge tests, prior to employment and during my employment.

\_\_\_\_\_ I understand that Johnson Motor Sales may investigate my credit record, driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends and others with whom I am acquainted or know me. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that Johnson Motor Sales may contact my previous employers and I authorize those employers to disclose to the Johnson Motor Sales all records pertinent to my employment with them. In addition to authorizing the release of any information regarding employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to Johnson Motor Sales, and release them from any and all liabilities, claims or damages that may directly or indirectly result from the use, disclosure or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

\_\_\_\_\_ I hereby state that all the information that I provide on this application and in any interview is true and accurate. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT** \_\_\_\_\_

Signature of Applicant

**PERSONAL DATA (Please Print)**

Last Name	First Name	Middle Initial	Social Security Number	Home Telephone Number
Present Street Address				
City	State	Zip	How long have you lived at this address?	
Previous Address (If less than 5 years)				
City	State	Zip	How long have you lived at this address?	
Who referred you to this company?				
<input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> State Employment Office <input type="checkbox"/> Walk In <input type="checkbox"/> Other (describe) _____				

Are you 18 years of age or older?  YES  NO

Have you ever worked for a Johnson Motors before?  YES  NO If yes, what location? \_\_\_\_\_

Do you have any friends or relatives working here?  YES  NO

Do you have means of transportation that will allow you to consistently arrive at work on time?  YES  NO

If a driver's license is required for the position you are applying for, do you have a valid driver's license? \_\_\_\_\_

License No. \_\_\_\_\_ State Issued \_\_\_\_\_ Exp. Date \_\_\_\_\_

Have you been found guilty of a traffic violation of any kind within the last FIVE years?  YES  NO

If yes, please give dates & details: \_\_\_\_\_

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime?  YES  NO

If yes, please give dates & details: \_\_\_\_\_

NOTE: Answering "yes" to this question does not constitute an automatic bar to employment.

**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 names and supply business references.

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

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<b>Street Address</b>				
<b>City, State, Zip</b>	<b>Pay</b>		<b>Name of Supervisor</b>	
	Starting	Ending		
<b>Telephone</b>	\$	\$		

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<b>City, State, Zip</b>	<b>Pay</b>		<b>Name of Supervisor</b>	
	Starting	Ending		
<b>Telephone</b>	\$	\$		

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

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 why: \_\_\_\_\_

### EDUCATIONAL BACKGROUND

School Level	Name & Location of School	# of Years Completed	Did you Graduate?	Degree/Diploma
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College/University			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Vocational/Business			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other			<input type="checkbox"/> YES <input type="checkbox"/> NO	

### GENERAL INFORMATION (For additional information use a separate sheet)

List all computer programs in which you are proficient: \_\_\_\_\_

Are you available for work on weekends or evenings if necessary?  YES  NO

Are you willing to work overtime if required?  YES  NO

Are you capable of completely performing the SPECIFIC job duties of the position for which you are applying?  YES  NO

Can you meet the SPECIFIC attendance requirements of the job for which you are applying?  YES  NO

Do you currently use illegal drugs?  YES  NO

Have you illegally used drugs in the last two years?  YES  NO

Have you ever been convicted for the use, sale, or possession of illegal drugs?  YES  NO

Have you ever failed a pre-employment drug screen?  YES  NO

Have you submitted any letters of recommendation you may have from previous employers?  YES  NO

Additional comments concerning the above information: \_\_\_\_\_

### EMERGENCY INFORMATION

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**REFERENCES** (Please list persons who know you well. **NO** previous employers or relatives.)

Name	Occupation	Address	Phone Number	# of Years Known

**ADDITIONAL INFORMATION** (Please indicate where you have actual experiences in any of the following positions.)

**OFFICE**

- Office Manager
- Bookkeeper
- Accounts Receivable
- Accounts Payable
- Payroll Clerk
- Tag/Title Clerk
- Warranty Clerk
- Data Entry
- Cashier
- Receptionist
- \_\_\_\_\_

**SALES / LEASING**

- Sales Manager
- Sales Person (New Car)
- Sales Person (Used Car)
- Sales Person (Truck)
- F&I Manager
- Leasing Manager
- Fleet Manager
- Truck Manager
- Used Car Manager
- Rentals
- \_\_\_\_\_

**SERVICE & REPAIR**

- Service Manager
- Service Writer/Advisor
- Dispatcher
- Shop Foreman
- Mechanic/Technician
- Electrician
- Helper
- Painter
- Body Repair
- Make Ready
- \_\_\_\_\_

**PARTS**

- Parts Manager
- Parts Counter
- Parts Stocker
- Parts Driver
- \_\_\_\_\_

**OTHER**

- Machinist
- Porter/Janitor
- Security
- Driver/Messenger
- Maintenance

**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.**

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

\_\_\_\_\_  
Date