

SUNNYSIDE AUTOMOTIVE APPLICATION FOR EMPLOYMENT

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 Sunnyside Automotive (the Company) has the same right to the extent permitted by law. 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 driving record, my criminal record, my credit history, and my educational background. **IF YOU ARE EXTENDED AN OFFER OF EMPLOYMENT, YOU WILL BE SUBJECT TO A MANDATORY DRUG TEST WITHIN 24 HOURS OF THE OFFER OF EMPLOYMENT.**

I further understand that the Company may contact my previous employer(s) 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.

I understand that if I am hired, I agree to comply with all dealership policies and procedures.

I UNDERSTAND THAT IT IS A CONDITION OF EMPLOYMENT WITH THIS COMPANY THAT I AGREE TO SETTLE ANY DISPUTE ARISING OUT OF MY EMPLOYMENT THROUGH BINDING ARBITRATION RATHER THAN THROUGH A LAWSUIT, AND THAT BY ACCEPTING EMPLOYMENT WITH THIS COMPANY, I AM WAIVING MY RIGHT TO A JURY TRIAL IN THESE MATTERS. ANY MATTERS THAT ARE NOT SUBJECT TO ARBITRATION MUST BE FILED NO MORE THAN 6 MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT OF THE CLAIM. I AGREE TO WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

I certify that all of the information that I provide on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, it may lead to my dismissal.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE STATEMENT

_____ Date

_____ Signature of Applicant

PERSONAL DATA

Name (PRINT) _____
Last
First
Middle

Present Address _____ Years Lived There _____
Street
City
State
Zip Code

Previous Address _____ Years Lived There _____
Street
City
State
Zip Code

Telephone Number _____
Are you 18 years of age or older? { } Yes { } No
If No, do you have a work permit? { } Yes { } No

Email Address _____ Mobile Phone Number _____

Have you been previously employed by Sunnyside? { } Yes { } No If Yes, please provide dates and position held _____

Were you referred by a current Sunnyside Associate? { } Yes { } No If Yes, please provide the Associate's name _____

Are any of your relatives employed by Sunnyside Automotive? { } Yes { } No If Yes, Name: _____
 Relationship: _____

Have you ever been convicted of a crime, other than minor traffic violations? { } Yes { } No If the answer is Yes, please explain: _____

A record of criminal conviction will not necessarily be a bar to employment, since the Company will consider factors such as age, time of the offense, the nature and seriousness of the violation, and evidence of rehabilitation in making any employment decisions. It is not necessary to report criminal conviction records which have been expunged.

WORK EXPERIENCE

Beginning with your present or most recent employer, describe your employment experience below:

1. Present or last Employer: _____
Address: _____
Telephone: _____ Annual or Hourly Earnings: _____
Dates Employed: From: _____ To: _____
Name of Your Immediate Supervisor: _____
Description of Your Work and Responsibilities: _____

Reason for Leaving: _____
May we contact your present employer at this time: Yes _____ No _____

2. Previous Employer: _____
Address: _____
Telephone: _____ Annual or Hourly Earnings: _____
Dates Employed: From: _____ To: _____
Name of Your Immediate Supervisor: _____
Description of Your Work and Responsibilities: _____

Reason for Leaving: _____
May we contact your previous employer at this time: Yes _____ No _____

3. Previous Employer: _____
Address: _____
Telephone: _____ Annual or Hourly Earnings: _____
Dates Employed: From: _____ To: _____
Name of Your Immediate Supervisor: _____
Description of Your Work and Responsibilities: _____

Reason for Leaving: _____
May we contact your previous employer at this time: Yes _____ No _____

4. Previous Employer: _____
Address: _____
Telephone: _____ Annual or Hourly Earnings: _____
Dates Employed: From: _____ To: _____
Name of Your Immediate Supervisor: _____
Description of Your Work and Responsibilities: _____

Reason for Leaving: _____
May we contact your previous employer at this time: Yes _____ No _____

5. Previous Employer: _____
Address: _____
Telephone: _____ Annual or Hourly Earnings: _____
Dates Employed: From: _____ To: _____
Name of Your Immediate Supervisor: _____
Description of Your Work and Responsibilities: _____

Reason for Leaving: _____
May we contact your previous employer at this time: Yes _____ No _____

Please explain fully any gaps in your employment history: _____

Have you ever been terminated or asked to resign from a job? { } Yes { } No If yes, please explain circumstances: _____

Have you ever been in the United States Armed Services? { } Yes { } No
 (Answer is Optional) If yes, what branch? _____

EDUCATION

Level	Name and Address of School	Years Completed	Diploma/Degree	Major or Course of Study	Describe Any Specialized Training or Skills
High School		1 2 3 4			
Community College		1 2			
College/University		1 2 3 4			
Graduate/Professional		1 2			
Trade School					

PREVIOUS EXPERIENCE

Please indicate any actual experience you have in any of the following positions:

OFFICE	SALES/LEASING	SERVICE & REPAIR	PARTS
<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"/> New Car Sales	<input type="checkbox"/> Service Advisor	<input type="checkbox"/> Parts Counter
<input type="checkbox"/> Bookkeeper	<input type="checkbox"/> Used Car Sales	<input type="checkbox"/> Dispatcher	<input type="checkbox"/> Parts Stocker
<input type="checkbox"/> Accounts Receivable	<input type="checkbox"/> Truck Sales	<input type="checkbox"/> Shop Foreman	<input type="checkbox"/> Parts Driver
<input type="checkbox"/> Accounts Payable	<input type="checkbox"/> F&I Manager	<input type="checkbox"/> Technician	
<input type="checkbox"/> Payroll Clerk	<input type="checkbox"/> Leasing Manager	<input type="checkbox"/> Electrician	OTHER
<input type="checkbox"/> Title/Tag Clerk	<input type="checkbox"/> Fleet Manager	<input type="checkbox"/> Porter	<input type="checkbox"/>
<input type="checkbox"/> Warranty Clerk	<input type="checkbox"/> Truck Manager	<input type="checkbox"/> Detailer	<input type="checkbox"/>
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Used Car Manager	<input type="checkbox"/> Painter	<input type="checkbox"/>
<input type="checkbox"/> Cashier	<input type="checkbox"/> After Market Sales	<input type="checkbox"/> Body Repair	<input type="checkbox"/>
<input type="checkbox"/> Receptionist	<input type="checkbox"/> Customer Relations Mgr	<input type="checkbox"/> Driver	

MOTOR VEHICLE INFORMATION

*****IMPORTANT*** If you accept an offer of employment, we will immediately order a Motor Vehicle Record**

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

Explain circumstances/outcome: _____

Do you have a valid driver's license? Yes _____ No _____

Have you had any accidents in the last five years? Yes _____ No _____

If yes please give details: _____

Have you been cited for any moving violations in the last five years?

Yes _____ No _____ If yes, please give details: _____

Has your driver's license or auto insurance ever been suspended, revoked, denied or canceled?

Yes _____ No _____ If yes, please explain: _____

PROFESSIONAL REFERENCES

Name	Occupation	Address (city, state, zip)	Telephone Number	Number of Years Known

PERSONAL REFERENCES

Name	Occupation	Address (city, state, zip)	Telephone Number	Number of Years Known