

Arizona Kawasaki Inc., dba Kelly's Kawasaki | Victory of Mesa | Arizona Kawasaki Victory

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer PRINT CLEARLY

Name _____ Position applying for _____

Address _____

Email _____

Phone _____ Date available for Employment _____

Are you employed now? Y [] N [] Have you ever been employed by our company Y [] N []

If yes, provide name and contact info _____

Type of work desired _____

If applying for a position where driving is required, do you have a driver's license in this state? Y [] N []

License # _____ Are you available to work Full Time [] Part Time [] Over Time []

*Service department positions REQUIRE A CLEAN DRIVING RECORD. Do you have any violations on your record? Y [] N [] If any, when & what _____

Can you perform the essential functions of the job(s) for which you are applying? Y [] N []

Have you ever been convicted of a felony? Y [] N []

"Yes" will not bar you from consideration for employment

If yes, please explain _____

Arizona Kawasaki Inc. is an equal opportunity employment employer. All applicants will be considered without regard to age, color, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. This company will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of the job.

EDUCATION

High School Degree [] GED [] College Degree [] College Major _____

SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking _____

REFERENCES

List three non-relatives who are familiar with your qualifications and actual work history and ability

<u>Name</u>	<u>Occupation/Relationship</u>	<u>Years Known</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT EXPERIENCE

Employer _____ Supervisor's Name _____
Address _____ Your Job Position _____
Phone _____ Employed from _____ [mo/yr] to _____ [mo/yr]
Your salary: Starting/Ending _____ Duties _____
What did you like most about your job? _____
Reason for Leaving _____

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Employer _____ Supervisor's Name _____
Address _____ Your Job Position _____
Phone _____ Employed from _____ [mo/yr] to _____ [mo/yr]
Your salary: Starting/Ending _____ Duties _____
What did you like most about your job? _____
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Employer _____ Supervisor's Name _____
Address _____ Your Job Position _____
Phone _____ Employed from _____ [mo/yr] to _____ [mo/yr]
Your salary: Starting/Ending _____ Duties _____

What did you like most about your job? _____

Reason for Leaving _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations name in this application to give you complete information and records regarding my employment, education, character and qualifications. Y [] N []

If hired, I will be responsible for familiarizing myself with all rules and regulations of Arizona Kawasaki, Inc. as they presently exist or are later modified. If hired, I understand my employment can be terminated, at the discretion of the company or at my option, without notice, at any time, except as specifically stated in a current individual employment agreement, which I have entered into with the company. Y [] N []

I also understand that no representative of Arizona Kawasaki Inc. has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President. Y [] N []

I understand this application is not an offer of employment and no promised or representations of employment have been made to me at this time. Y [] N []

I have read, understand, and agree with the above.

Signature of Application

Date

This application is valid for only 90 days from the date I signed. If I want to be considered for job openings more than 90 days from date signed, I will submit a new application.

FAX

TO:	Account Manager: _____ LeBaron & Carroll Insurance	FROM:
FAX:	480.844.9866	
PHONE:	480.834.9315	
SUBJECT:		DATE:

Motor Vehicle Report (MVR) Authorization

The Fair Credit Reporting Act (FCRA) provides individuals with certain rights regarding consumer reports and places certain obligations on employers using consumer reports for employment-related purposes. Consistent with the FCRA's requirements, this notice is provided to you in order to inform you that _____ (company name) may, for employment-related purposes (e.i, evaluating you for initial employment, eligibility as an insurable driver, promotions, transfers, assigned duties, retention as an employee, etc.), obtain from a consumer reporting agency one or more consumer reports containing financial information, criminal record information, driving record information and/or other relevant information about you. The information contained in this report may be shared with the company's insurance agent and/or insurance carrier to determine whether an employee is or is not insurable per general carrier guidelines. _____ (company name) or their insurance agency will not obtain a consumer report without your signature below authorizing us to obtain one or more consumer reports.

AUTHORIZATION TO OBTAIN CONSUMER REPORTS

I hereby acknowledge that I have read and understand the contents of the above notice and, by signing below, specifically authorize _____ (company name) or their insurance agency and/or insurance carrier to obtain and/or share one or more consumer reports on me for employment-related purposes as indicated above.

Full Name: _____

Signature: _____

Date: _____

Drivers License Number: _____

Drivers License State: _____ Date of Birth: _____

Employer Use Only:

I acknowledge that I have read and understand the employer's responsibility under the Fair Credit Reporting Act. A copy of the policy is attached in this packet for your reference.

Manager Name: _____

Manager Signature: _____

Date: _____