

# WOLF AUTO CENTER



APPLICANT INFORMATION									
Last Name			First			M.I.	DATE		
Street Address					Apt./Unit #				
City			State			ZIP			
Phone			E-mail Address						
Date Available			Desired Salary			Are you at least 19 years or older?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Position Applied for									
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a crime?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				

EDUCATION									
High School			Address						
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College			Address						
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other			Address						
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

MOTOR VEHICLE / DRIVING RECORD
Do you possess a valid Motor Vehicle Operator's License? YES <input type="checkbox"/> NO <input type="checkbox"/>
State: _____ License Number: _____ Expires: _____ Type: _____
Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES <input type="checkbox"/> NO <input type="checkbox"/>
Has any license, permit or privilege ever been suspended or revoked? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain.
Have you ever been a driver involved in a Motor Vehicle Accident? YES <input type="checkbox"/> NO <input type="checkbox"/>
What was the nature of the accident?
Were there injuries or fatalities? YES <input type="checkbox"/> NO <input type="checkbox"/>

**PREVIOUS EMPLOYMENT – STARTING WITH MOST RECENT**

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**Please list any certifications or considerations that may apply to this position:****MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	

**REFERENCES (Provide 3 reference other than family member or past employer)**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

*I certify that I am able to perform the essential functions of the position applied for without reasonable accommodation or restrictions as explained to me by Management and according to the job description.*

\_\_\_\_\_ Yes \_\_\_\_\_ No   (Initial)

*(If there are any medical restrictions, please explain below.)*

*If there are any restrictions, a medical release from your doctor or medical care provider is required before employment commences.*

  (Initial)

*I hereby give my consent for Wolf Auto Center and/or any of its affiliated companies to conduct any investigation into my background and motor vehicle record.*

  (Initial)

*Wolf Auto Center and its affiliated companies consider applicants for all positions without regard to race, color, religion, sex, origin, age, marital or military status, genetic history, the presence of non-job related medical condition or handicap, or any other legally protected status. We will give this application every consideration. However, in accepting it, Wolf Auto Center makes no commitment of employment to the applicant. We are an At-Will Employer, meaning that either the employer or Employee may end the employment relationship at any time and for any or no-reason.*

*By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.*

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*Applicant Signature*

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*Date*

