



Employment Application

Please print plainly in ink. You must complete the entire application, whether or not you have presented a resume. Be sure to sign this application.

Position Desired:	Date:			
WE ARE AN EQUAL OPPORTUNITY EMPLOYER APPLICANT'S STATEMENT				
further understand that I am employed on an "at will' time with or without notice, and the Company has th	be for no definite period, regardless of the period of payment of my wages. I "basis which means that I have the right to terminate my employment at any e same right. No one other than the Dealer Principal has authority to modify rary. Any such modification or agreement must be in writing, signed by the			
OR MY EMPLOYMENT, IF I AM HIRED, WILL BE I	D THE COMPANY RELATED TO MY APPLICATION FOR EMPLOYMENT RESOLVED THROUGH MUTUALLY BINDING ARBITRATION IN ATION POLICY AND PROCEDURE. I UNDERSTAND THAT I HAVE THE IRE PRIOR TO SIGNING THIS DOCUMENT.			
require me to submit to an alcohol test and/or medic Company may contact my previous employers and I information pertinent to my employment with them, v	require me to submit to a drug test at any time and also reserves the right to cal examination to the extent permitted by law. I understand that the lauthorize those employers to disclose to the Company all records and other whether favorable or unfavorable. I also authorize the Company to provide it to my future prospective employers and I agree to hold it harmless for			
	that I provide on this application and in any interview will be true, complete by such information is later found to be false, incomplete or misleading in any			
IT HAS BEEN DISCLOSED TO ME THAT THE COFOR USE IN CONNECTION WITH MY APPLICATION	ON TO OBTAIN CONSUMER REPORTS*** MPANY MAY OBTAIN ONE OR MORE CONSUMER REPORTS ON ME ON OR FOR OTHER EMPLOYMENT-RELATED PURPOSES. THESE ORTS, CRIMINAL RECORDS AND DRIVING RECORDS. I AUTHORIZE BEHALF TO OBTAIN THESE REPORTS.			
Date	Signature of Applicant			
Applicant Information				

Applicant Information				
Name (first, middle, last)	Telephone Number			
Address (street, city, state, zip code)	Alternate Telephone (optional)			
Email Address				
Are there other names under which you have worked or attended school? Yes No If yes, please list for reference checking purposes:				
Are you at least 18 years old? Yes No If not, employment will be subject to verification that you meet state/ federal minimum age requirements for the type of work for which you are applying and that you have obtained a valid work permit.				
Are you a United States citizen or do you have an entry permit which allows you to lawfully work in the U.S. which is not limited to a particular employer? No (If hired you will be required to provide proof of work authorization.)				

Applica	nt Information Continued					
Have you ever misdemeanor the penalty or	ently subject to a pending criminal charge for been convicted of a crime or pleaded noler, municipal ordinance violation, or any other fine for that offense? Yes No er question, provide details:	o contendere (no	contest) to, or been fined	No in connection with any felony, et), regardless of the nature of		
past conviction falsification and	oubt about the nature of any offense, please list; is, violations, fines or offenses, and the failure to d will be grounds for refusal to hire or termination e or past conviction, offense, violation or fine, wh	list a pending criment. I	inal charge or past conviction, However, applicants will not be	, violation or fine will be considered e denied a position because of a		
Have you ever If yes, when:	worked for The Umansky Group before? $\hfill \Box$ Yes		Have you ever applied at any Umansky dealership before? No If yes, when:			
List the names	and relationship of any friends or relatives emplo	I oyed at any Uman	sky Automotive Group Dealers	ship:		
Position	Applying For					
Position			If part time, days and times you are available to work:			
Salary Preferen	nce Date Available to Start					
		l t □ School: nt agency:		o One ner:		
Related	Skills and Experience					
	, ,			ness Development		
Sales Applican Please state yo	nts: our average monthly sales: Units/mon	nth during period f	rom to			
Describe any s	pecial skills or qualifications which you feel are re	elevant to the job	or which you are applying:			
List any license	e or certifications with any group association or so	ociety relating to the	ne job for which you are applyi	ing:		
Education	on					
		No. Years		Diploma or Degree		
School High	Name and City and State Located	Completed	Major Subject(s)	Received		
School		_		Type:		
College				Yes No		
		_		Туре:		
Graduate				☐ Yes ☐ No		
School		-		Type:		
Trade or		+		□ Yes □ No		
Other (specify)		1		Туре:		

Employment History					
Start with most recent; use separate sheet if necessary Company Name	Telephone Number (including area code)				
Company Name	Telephone Ivamb	or (mordaing are	ca code)		
Address	<u>I</u>				
Job Title	Immediate Super	visor's Name			
Employment Dates (month and year) From: To:	Rate of Pay Start:	per	End:	per	
Job Responsibilities		r -			
Reason For Leaving					
If currently employed, may we contact your current employer for a refere	ence? □ Yes	□ No	☐ Not currently wo	rking	
Company Name	Telephone Number	er (including are	ea code)		
Address	1				
Job Title	Immediate Supervisor's Name				
Employment Dates (month and year) From: To:	Rate of Pay Start:	per	End:	per	
Job Responsibilities					
Reason For Leaving					
Company Name	Telephone Number	er (including are	ea code)		
Address					
Job Title	Immediate Super	visor's Name			
Freedom and Dates (searth and seas)	Data of Day				
Employment Dates (month and year) From: To:	Rate of Pay Start:	per	End:	per	
Job Responsibilities					
Reason For Leaving					
Company Name	Telephone Number	er (including are	ea code)		
Address	I .				
Job Title	Immediate Super	visor's Name			
Employment Dates (month and year) From: To:	Rate of Pay Start:	per	End:	per	
Job Responsibilities	I .				
Reason For Leaving					

Driving Information If you are applying for a position where driving may be required, please pro	ovide the following information:
Do you have a current driver's license?	xp. Date:
Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No	If yes, please explain circumstances:
Do you have personal automotive insurance?	
Have you ever been <u>cited</u> for driving under the influence (DUI) or driving whe circumstances and outcome:	hile intoxicated (DWI) □ Yes □ No If yes, please explain
Please list all moving traffic violations in the last five (5) years (include Offe	nse, Date and Location):
References List three people (no relatives or personal friends) with whom you have won	rked and whom we may contact.
Name	Day phone
Address	Evening phone
How known?	How long known
Name	Day phone
Address	Evening phone
How known?	How long known
Name	Day phone
Address	Evening phone
How known?	How long known
I understand that this application will be considered active for have not been offered a position by then and I wish to be con	
I understand that my employment and continued employment approval of all background checks. I understand if the Compentire criminal record on this application, I will be subject to in	any later discovers that I failed to fully disclose my
I certify that all of the information that I have provided on this accurate.	application and in any interview is true, complete and
Applicant's Signature:	Date:
Please print name:	