

Keyes Chevrolet, Inc 303 Oak Avenue Menomonie, WI 54751 (715) 235–2601 CHEVYTOWNUSA.COM

APPLICATION	FOR	<b>EMPLC</b>	YMENT
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Issued By:	
Date:	

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Name	Last	First		Middle	_ Date	
Street				naqie	Phone	
City, State Zip	·				ssn	
, –	ly eligible for employment a valid driver's license?	in the U.S.?	☐ Yes	□ No		**Verification will be required.**
Are you of legal age to work?			☐ Yes	□ No	Desired Salar	ry _\$
Please check t [	ype(s) of employment desi □ Permanent Full-time [	red: ] Temporary Full-time	☐ Perma	inent Part-tii	me 🗌 Tempo	rary Part-time
Do you currer	eviously employed by Keyes ntly have relatives working t r been convicted of a felony	for Keyes Chevrolet Inc.?	☐ Yes ☐ Yes ☐ Yes	☐ No	If yes, when? If yes, who? If yes, explain.	
,	when, and where? (*The exister				, ,	ch you are applying.)
	mergency, please notify:					
n case of an en	J=1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1					Phone
n case of an en		Name				
are there any c	other experiences, skills or q not list any information that Fede	ualifications that will be o				
are there any c		ualifications that will be o				

## RECORD OF EDUCATION

NECOND OF EDUCATI	ION				
School	Name & Address of	Course of Study	Circle Last Year	Did you graduate?	Diploma /
	School		Completed		Degree
High School			1 2 3 4	☐ Yes ☐ No	
College			1 2 3 4	☐ Yes ☐ No	
Other (Specify)			1 2 3 4	☐ Yes ☐ No	

Work Experience						
Company Name & Address	From Mo/Yr	To Mo/Yr	Starting Salary	Ending Salary	Name of Supervisor	
Describe the work you did:	•			May we conta	ct? Yes No	
				Phone No		
Company Name & Address	From	То	Starting Salary	Ending Salary	Name of Supervisor	
	Mo/Yr	Mo/Yr				
Describe the work you did:				•	act? Yes No	
				Phone No		
Please explain why you would prefer us not to	o contact a past o	or present e	mployer:			
Account for all periods of unemployment to	date if the durat	ion of une	mployment was m	nore than one mon		
Business / Professional References (Not Re	elatives)	T.,				
Name		Ac	dress			
Occupation						
Business		Ph	Phone No.			
Name		Ad	Address			
Occupation						
Business		Ph	one No.			
Name		Ad	Address			
Occupation						
Business			Phone No.			
PERSONAL REFERENCES (Not Relatives)						
Name			Address			
Occupation						
Business		Ph	Phone No.			
Name		Ad	dress			
Occupation						
Business		Ph	one No.			

Please complete the following questions:		
What are you long term professional goals?		
Define "team work."		
Explain how you would achieve customer service.		
APPLICANT'S STATEMENT  ***Please read before signing.*** If you have any questions  By signing my name below, I certify that all statements I have not withheld any information requested on this those indicated, as well as schools and law enforcement understand that misrepresentation or omission of this i termination of employment. This application for empl Any applicant wishing to be considered for employmen being accepted at that time and to update or re-apply for I hereby understand and acknowledge that nothing con intended to create an employment contract between m benefit. No promises regarding continued employment Keyes Chevrolet are not binding unless in writing.	s made on this application are form. I authorize Keyes Cheves agencies to obtain information can affect the ould loyment shall be considered and beyond this period should for a position.  Intained in this employment appyself and Keyes Chevrolet for	true and complete to the best of my knowledge. vrolet to contact each of my employers, except on needed to consider for my employment. I tcome of the decision to be hired or cause ctive for a period of time not to exceed 60 days. inquire as to whether or not applications are oplication or the granting of an interview is r either employment or the promise of any
Applicant's Signature		Date
Keyes Chevrolet is an Equal Opportunity Employer. Keyes Chevrolet doe handicap or veteran status.	es not discriminate in hiring on the b	asis of race, color, religion, national origin, sex, age,
Please read, complete, sign and date the following statement applying.	nts only if checked, indicating	g it is a job requirement for the position you are
☐ I give permission for an investigation of my current cre	edit standing, which I accept a	s a condition of my employment.
☐ I give permission for verification of my driver's license	record, which I accept as a cor	ndition for employment.
Driver's License No.	State	Expires
Applicant's Signature		Date