



PLEASE PRINT CLEARLY

HONEST-1 AUTO CARE EMPLOYMENT APPLICATION

DATE: _____ SOCIAL SECURITY # _____ - _____ - _____

NAME: _____

PHONE #: _____ ALTERNATE # _____

MAILING ADDRESS _____

EMAIL: _____

PART TIME FULL TIME FULL TIME (CA)
(_____) 0-40 HRS (_____) 44+ HRS (_____) 47.5 HRS

POSITION APPLYING FOR: _____

PREFERRED LOCATION: _____

SALARY DESIRED: _____ DATE AVAILABLE _____
PLEASE LIST THE TIMES AND DAYS YOU ARE AVAILABLE TO
WORK: _____

BACKGROUND INFORMATION

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? YES___NO___
(ABILITY TO LEGALLY WORK IN THE U.S. WILL BE VERIFIED UPON HIRE OR REHIRE)

HAVE YOU EVER WORKED FOR HONEST-1 AUTO CARE BEFORE? YES___NO___

HAVE YOU EVER APPLIED FOR HONEST-1 AUTO CARE BEFORE? YES___NO___

HAVE YOU EVER BEEN CONVICTED OF A FELONY CRIME? YES___NO___

(PLEASE FOLLOW APPLICABLE REGULATIONS WHEN ANSWERING THIS QUESTIONS. A CONVICTION WILL NOT NECESSARILY
RESULT IN THE DENIAL OR EMPLOYMENT)

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM AN EMPLOYER? YES___NO___
IF YES, PLEASE EXPLAIN WHY _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES___NO___ VALID AUTO INSURANCE? YES___NO___

DO YOU HAVE ANY FRIENDS OR RELATIVES WHO HAVE WORKED FOR HONEST-1 AUTO CARE? IF YES,
LIST NAMES: _____

ESSENTIAL JOB FUNCTIONS

BASED ON THE JOB DESCRIPTION FOR THE POSITION YOU ARE APPLYING FOR:

A) ARE YOU ABLE TO PERFORM THE ESSENTIAL JOB FUNCTIONS? YES___NO___

B) WOULD YOU NEED ACCOMODATIONS TO PERFORM ESSENTIAL JOB FUNCTIONS (SUCH AS SPECIAL
EQUIPMENT OR CHANGES IN THE FACILITIES OR JOB PROCEDURES)? YES___NO___

IF YES, PLEASE BRIEFLY DESCRIBE HOW YOU WOULD PERFORM THE ESSENTIAL JOB FUNCTIONS AND WITH
WHAT TYPE OF ACCOMODATION(S)? _____

HOW WERE YOU REFERRED TO US?

___WALK IN

___NEWSPAPER AD

___HONEST-1 WEBSITE

___INTERNET JOB POSTING

ATTENDANCE AND PUNCTUALITY

CONSISTANT ATTENDANCE AND PUNCTUALITY ARE ESSENTIAL REQUIREMENTS OF EVERY JOB WITH HONEST-1 AUTO CARE.

IS THERE ANYTHING THAT WOULD INTERFERE WITH YOUR REGULAR ATTENDANCE AND PUNCTUALITY IF YOU WERE OFFERED A JOB WITH THIS COMPANY?

YES ___ NO ___ IF YES, PLEASE EXPLAIN: _____

EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL? YES ___ NO ___ G.E.D. ___

WHAT IS THE HIGHEST ELEMENTARY, HIGH SCHOOL OR COLLEGE YOU HAVE COMPLETED? _____

SCHOOL NAME

LOCATION

MAJOR

GRADUATED

JUNIOR COLLEGE: _____ / _____ / _____ / _____

TRADE SCHOOL: _____ / _____ / _____ / _____

UNIVERSITY: _____ / _____ / _____ / _____

ASE CERTIFICATES: _____

SPECIAL TRAINING: _____

OTHER: _____

PLEASE LIST ANY JOB RELATION SKILLS, EQUIPMENT OR QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCES TO BE CONSIDERED IN EVALUATING YOUR QUALIFICATIONS: _____

DO YOU HAVE YOUR OWN TOOLS FOR THIS POSITION? YES ___ NO ___ IF YES, WHAT IS THE ESTIMATE VALUE OF YOUR PERSONAL TOOLS? _____

WHAT DO YOU CONSIDER TO BE THE MAJOR RESPONSIBILITY OF THE POSITION YOU'VE APPLIED FOR?

EMPLOYMENT HISTORY

PLEASE LIST YOUR EMPLOYMENT HISTORY FOR THE PAST SEVEN YEARS USING ADDITIONAL PAPER IF NEEDED. BEGIN BY LISTING YOUR MOST RECENT POSITION. ADDITIONALLY, EXPLAIN ANY PERIODS OF UNEMPLOYMENT LONGER THAN ONE MONTH. PLEASE COMPLETE THE ENTIRE EMPLOYMENT HISTORY SECTION EVEN IF ATTACHING A RESUME.

NAME OF YOUR PRESENT OR LAST EMPLOYER: _____ TYPE OF BUSINESS: _____

SUPERVISORS NAME: _____ SUPERVISORS TITLE: _____

STREET ADDRESS, CITY, STATE & ZIP _____

JOB TITLE: _____ START SALARY: _____ FINAL SALARY: _____ START DATE: _____

FINAL DATE: _____ JOB DESCRIPTION & RESPONSIBILITIES: _____

EMPLOYMENT HISTORY (CONTINUED)

JOB DESCRIPTION AND RESPONSIBILITIES: _____

EXPLAIN REASONS/CIRCUMSTANCES FOR CHANGING OR WANTING TO CHANGE JOBS: _____

MAY WE CONTACT THIS EMPLOYER? YES ____ NO ____

IF "NO" MAY WE CONTACT THEM UPON YOUR ACCEPTANCE OF OUR EMPLOYMENT OFFER? YES ____ NO ____

2. NAME OF YOUR PRESENT OR LAST EMPLOYER: _____ TYPE OF BUSINESS: _____

SUPERVISORS NAME: _____ SUPERVISORS TITLE: _____

STREET ADDRESS, CITY, STATE & ZIP _____

JOB TITLE: _____ START SALARY: _____ FINAL SALARY: _____ START DATE: _____

FINAL DATE: _____ JOB DESCRIPTION & RESPONSIBILITIES: _____

EXPLAIN REASONS/CIRCUMSTANCES FOR CHANGING OR WANTING TO CHANGE JOBS: _____

MAY WE CONTACT THIS EMPLOYER? YES ____ NO ____

IF "NO" MAY WE CONTACT THEM UPON YOUR ACCEPTANCE OF OUR EMPLOYMENT OFFER? YES ____ NO ____

3. NAME OF YOUR PRESENT OR LAST EMPLOYER: _____ TYPE OF BUSINESS: _____

SUPERVISORS NAME: _____ SUPERVISORS TITLE: _____

STREET ADDRESS, CITY, STATE & ZIP _____

JOB TITLE: _____ START SALARY: _____ FINAL SALARY: _____ START DATE: _____

FINAL DATE: _____ JOB DESCRIPTION & RESPONSIBILITIES: _____

EXPLAIN REASONS/CIRCUMSTANCES FOR CHANGING OR WANTING TO CHANGE JOBS: _____

REFERENCES

	NAME	TITLE	MAILING ADDRESS	DAYTIME PHONE	YRS. KNOWN
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

AGREEMENT

BY SIGNING THIS APPLICATION FOR EMPLOYMENT, I CERTIFY THAT I HAVE READ AND UNDERSTAND ALL PARTS OF IT AND CERTIFY THAT I HAVE TRUTHFULLY AND COMPLETELY ANSWERED ALL QUESTIONS. I UNDERSTAND THAT FALSIFICATION OR OMISSION OF MATERIAL INFORMATION GIVEN HEREIN OR IN ANY EMPLOYMENT-RELATED FORM OR CONTEXT IS GROUNDS FOR IMMEDIATE TERMINATION, REGARDLESS OF WHEN SUCH FALSIFICATION MAY BE DISCOVERED. I UNDERSTAND THAT NOTHING IN THIS APPLICATION IS INTENDED TO IMPLY OR CREATE AN EMPLOYMENT CONTRACT. I AUTHORIZE HONEST-1 AUTO CARE AND ITS REPRESENTATIVES TO INVESTIGATE MY EDUCATION, EMPLOYMENT, EXPERIENCE, FELONY CONVICTION RECORDS, INCLUDING ALL STATEMENT MADE BY ME IN MY APPLICATION OF EMPLOYMENT. FURTHER, I UNDERSTAND THAT EMPLOYMENT WILL BE CONTINGENT UPON SUCCESSFULLY PASSING PRE-EMPLOYMENT DRUG-SCREENING TEST. I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY HONEST-1 AUTO CARE IT WILL BE ON AN AT-WILL BASIS. THIS MEANS EITHER HONEST-1 AUTO CARE OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME FOR ANY REASON, WITH OR WITHOUT CAUSE. THIS POLICY OR AT-WILL EMPLOYMENT MAY BE REVISED, DELETED OR SUSPENDED ONLY BY A WRITTEN EMPLOYMENT AGREEMENT SIGNED BY THE EMPLOYEE IN QUESTION, THE CEO, CAO AND THE COO THAT EXPRESSLY REVISES, MODIFIES, DELETES OR SUPERSEDES THE POLICY OR AT-WILL EMPLOYMENT. IF ACCEPTING EMPLOYMENT WITH HONEST-1 AUTO CARE, I AGREE TO COMPLY WITH ALL COMPANY POLICIES, PROCEDURES AND PRACTICES WHICH HONEST-1 AUTO CARE MAY REVISE, MODIFY IN WHOLE OR IN PART AT ANY TIME AND WITH ALL LAWS, RULES AND REGULATIONS DURING MY EMPLOYMENT WITH HONEST-1 AUTO CARE.

SIGNATURE: _____ DATE: _____

HONEST-1 AUTO CARE IS AN EQUAL OPPORTUNITY EMPLOYER. ALL APPLICANTS FOR EMPLOYMENT WILL BE CONSIDERED WITHOUT REGARD FROM RACE, COLOR, SEX, NATIONAL ORIGIN, ANCESTRY, AGE (OVER 40), RELIGION, VETERAN STATUS, PHYSICAL OR MENTAL STABILITY, AS WELL AS OTHER CATEGORY PROTECTED BY FEDERAL LAWS. THIS APPLICATION WILL REMAIN ACTIVE FOR 30 DAYS. AFTER THAT TIME, APPLICATION MUST BE RENEWED BY THE APPLICANT IF HE/SHE WISHES TO BE RECONSIDERED FOR EMPLOYMENT.