



JOHNSON MOTORS of St. Croix Falls

2180 Hwy 8, St. Croix Falls, Wisconsin 54024 (715) 483-2000

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE – EQUAL OPPORTUNITY EMPLOYER Date _____

Position Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Salary desired	Available Date
---	-----------------------	-----------------------

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER
APPLICANT'S STATEMENT**

(Please Initial Each Statement)

_____ I understand that this application will be given every consideration, but is not a promise of employment.

_____ I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and Johnson Motor Sales has the same right. No one other than the Owner of Johnson Motors of St. Croix Falls has authority to modify this relationship or to make any agreement to the contrary. Any such modification must be in writing.

_____ I understand that the Johnson Motors of St. Croix Falls reserves the right to require me to submit to a medical examination, including a drug/alcohol test, prior to employment and at any time during my employment, to the extent permitted by law. I also understand that I may be required to take other tests, such as personality and knowledge tests, prior to employment and during my employment.

_____ I understand that Johnson Motors of St. Croix Falls may investigate my credit record, driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends and others with whom I am acquainted or know me. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that Johnson Motors of St. Croix Falls may contact my previous employers and I authorize those employers to disclose to the Johnson Motors of St. Croix Falls all records pertinent to my employment with them. In addition to authorizing the release of any information regarding employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to Johnson Motors of St. Croix Falls, and release them from any and all liabilities, claims or damages that may directly or indirectly result from the use, disclosure or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

_____ I hereby state that all the information that I provide on this application and in any interview is true and accurate. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT _____

Signature of Applicant

PERSONAL DATA (Please Print)

Last Name	First Name	Middle Initial	Social Security Number	Home Telephone Number
Present Street Address				
City	State	Zip	How long have you lived at this address?	
Previous Address (If less than 5 years)				
City	State	Zip	How long have you lived at this address?	
Who referred you to this company? <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> State Employment Office <input type="checkbox"/> Walk In <input type="checkbox"/> Other (describe) _____				

Are you 18 years of age or older? YES NO

Have you ever worked for a Johnson Motors before? YES NO If yes, what location? _____

Do you have any friends or relatives working here? YES NO

Do you have means of transportation that will allow you to consistently arrive at work on time? YES NO

If a driver's license is required for the position you are applying for, do you have a valid driver's license? _____

License No. _____ State Issued _____ Exp. Date _____

Have you been found guilty of a traffic violation of any kind within the last FIVE years? YES NO

If yes, please give dates & details: _____

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? YES NO

If yes, please give dates & details: _____

NOTE: Answering "yes" to this question does not constitute an automatic bar to employment.

EMPLOYMENT HISTORY

Please list the names of your previous employers in chronological order with present or last employers listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm names and supply business references.

Employer	Employment		Your Title or Position	Reason for Leaving
	From (Mo/Yr)	To (Mo/Yr)		
Street Address				
City, State, Zip	Pay		Name of Supervisor	
	Starting	Ending		
Telephone	\$	\$		

Employer	Employment		Your Title or Position	Reason for Leaving
	From (Mo/Yr)	To (Mo/Yr)		
Street Address				
City, State, Zip	Pay		Name of Supervisor	
	Starting	Ending		
Telephone	\$	\$		

Employer	Employment		Your Title or Position	Reason for Leaving
	From (Mo/Yr)	To (Mo/Yr)		
Street Address				
City, State, Zip	Pay		Name of Supervisor	
	Starting	Ending		
Telephone	\$	\$		

Employer	Employment		Your Title or Position	Reason for Leaving
	From (Mo/Yr)	To (Mo/Yr)		
Street Address				
City, State, Zip	Pay		Name of Supervisor	
	Starting	Ending		
Telephone	\$	\$		

Have you ever been terminated or asked to resign from any job? YES NO

If yes, please explain circumstances: _____

Please explain fully any gaps in your employment history: _____

May we contact your current employer? YES NO

If no, please explain why: _____

EDUCATIONAL BACKGROUND

School Level	Name & Location of School	# of Years Completed	Did you Graduate?	Degree/Diploma
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College/University			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Vocational/Business			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other			<input type="checkbox"/> YES <input type="checkbox"/> NO	

GENERAL INFORMATION (For additional information use a separate sheet)

List all computer programs in which you are proficient: _____

Are you available for work on weekends or evenings if necessary? YES NO

Are you willing to work overtime if required? YES NO

Are you capable of completely performing the SPECIFIC job duties of the position for which you are applying? YES NO

Can you meet the SPECIFIC attendance requirements of the job for which you are applying? YES NO

Do you currently use illegal drugs? YES NO

Have you illegally used drugs in the last two years? YES NO

Have you ever been convicted for the use, sale, or possession of illegal drugs? YES NO

Have you ever failed a pre-employment drug screen? YES NO

Have you submitted any letters of recommendation you may have from previous employers? YES NO

Additional comments concerning the above information: _____

EMERGENCY INFORMATION

In case of an accident or other emergency, who should we contact?

Name: _____ Relationship: _____

Home Address: _____

Phone: _____ Alternate Phone: _____

REFERENCES (Please list persons who know you well. **NO** previous employers or relatives.)

Name	Occupation	Address	Phone Number	# of Years Known

ADDITIONAL INFORMATION (Please indicate where you have actual experiences in any of the following positions.)

OFFICE

- Office Manager
- Bookkeeper
- Accounts Receivable
- Accounts Payable
- Payroll Clerk
- Tag/Title Clerk
- Warranty Clerk
- Data Entry
- Cashier
- Receptionist
- _____

SALES / LEASING

- Sales Manager
- Sales Person (New Car)
- Sales Person (Used Car)
- Sales Person (Truck)
- F&I Manager
- Leasing Manager
- Fleet Manager
- Truck Manager
- Used Car Manager
- Rentals
- _____

SERVICE & REPAIR

- Service Manager
- Service Writer/Advisor
- Dispatcher
- Shop Foreman
- Mechanic/Technician
- Electrician
- Helper
- Painter
- Body Repair
- Make Ready
- _____

PARTS

- Parts Manager
- Parts Counter
- Parts Stocker
- Parts Driver
- _____

OTHER

- Machinist
- Porter/Janitor
- Security
- Driver/Messenger
- Maintenance

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDRED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Signature of Applicant

Date