

NEW HIRES

MANAGER'S NAME: _____

APPLICANT'S NAME: _____

POSITION APPLYING FOR: _____

START DATE: _____

PLEASE SEND THE FOLLOWING ITEMS ALONG WITH THIS FORM TO BROOKE GUTIERREZ (EXT. 7771) AT HENDERSON:

1. COMPLETED AND SIGNED IPAR SHOWING SALARY OR HOURLY WAGE
2. NEVADA DRIVER LICENSE AND SOCIAL SECURITY CARD
3. COMPLETED APPLICATION OF EMPLOYMENT
4. COMPLETED NEVADA CIVIL AUTHORIZATION FORM
5. COMPLETED DRUG ATTESTATION FORM

BACKGROUND AUTHORIZATION FORMS WILL BE EMAILED VIA HIREOLOGY TO YOUR APPLICANT WITHIN 24 HOURS OF SENDING THIS PACKET TO BROOKE. THEY WILL NEED TO E-SIGN THOSE DOCUMENTS BEFORE A BACKGROUND CHECK WILL RUN. MAKE SURE THEY ARE AWARE.

MISSING OR INCOMPLETE DOCUMENTS WILL DELAY THE HIRING PROCESS

INTERNAL PERSONNEL ACTION RECORD

TO: Personnel File EMP # _____ DATE: _____

NAME: _____ EFFECTIVE DATE: _____

ACTION: ☐ 1. New Employee ☐ 2. Transfer ☐ 3. Change of Rate ☐ 4. Change of Personal Information ☐ 5. Time Off ☐ 6. Other

1. **NEW EMPLOYEE**

Department: _____ Full Time ☐
Title: _____ Part Time ☐
Salary: _____ Social Security Number: _____ Temporary ☐

2. **FROM: TRANSFER TO:**

Department: _____ Department: _____
Title: _____ Title: _____
Salary: _____ Salary: _____

3. **FROM: CHANGE OF RATE TO:**

Salary: _____ Salary: _____
Hourly Rate: _____ Hourly Rate: _____
Bonus %: _____ Bonus %: _____

4. **CHANGE OF PERSONAL INFORMATION**

☐ Name ☐ Address ☐ Phone Number

Old: _____ New: _____

Date Employee Signature

5. **TIME OFF**

Beginning Date: _____ Return Date: _____
Personal ☐ Vacation ☐ School ☐ Funeral ☐ Jury Duty ☐ Other ☐ _____
Personnel/Payroll Clerk Use: _____ With Pay ☐ Without Pay ☐
Amount: _____

6. **OTHER**

- FOR OFFICE USE ONLY -

Prepared By

Authorized By

Supervisor
Signature:

Signature:

Title:

Date:

President

Date:

Date filed in personnel file:



APPLICATION FOR EMPLOYMENT

NEVADA

EQUAL OPPORTUNITY STATEMENT

Fairway Chevrolet (the "Company") is an equal employment opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, gender, sexual orientation, gender identity, gender expression, national origin, disability status, protected veteran status, uniformed servicemember status, or any other characteristic protected by law.

INSTRUCTIONS

Please complete the entire application for employment. Please print legibly in blue or black ink. This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

PERSONAL INFORMATION

Name (Last) (First) (Middle)			
Other Former Names		Social Security Number	
Date of Birth	Driver's License Number		Telephone Number
Current Address (Street, City, State, Zip)		How long have you lived at that address? _____ Years Months	
Previous Address(es) (Street, City, State, Zip) 1. _____ 2. _____ 3. _____		How long did you live at that address? _____ Year(s) Month(s) _____ Year(s) Month(s) _____ Year(s) Month(s)	
Email Address(es)		Date of Application	

GENERAL INFORMATION

Position Desired: ☐ Part-time ☐ Full-time ☐ On Call	Location Desired:
Shift(s) Desired: Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____ Saturday: _____ Sunday: _____	Expected Compensation: \$ _____ per Hour/Year (circle one)
Have you ever worked for this Company before? ☐ Yes ☐ No	If yes, please provide the dates of employment and position(s):
Do you have any relatives that work for this Company? ☐ Yes ☐ No	If yes, please provide the relative's full name, your relationship to the relative, and the location of the relative's office:
Have you ever been terminated or asked to resign from any job? ☐ Yes ☐ No	If yes, please explain the circumstances:
Are there any gaps in your employment history? ☐ Yes ☐ No	If yes, please explain the circumstances:
If hired, can you furnish proof that you are over 18 years of age? ☐ Yes ☐ No <i>Individuals under the age of 18 must provide a work permit or other eligibility to work</i>	If hired, do you have adequate transportation to and from work? ☐ Yes ☐ No
Do you have United States military experience? ☐ Yes ☐ No	If yes, please provide the following information: Branch Name: _____ Years in Service: _____ Useful experience for desired position: _____ _____ Additional information: _____ _____ _____
Do you have any professional licenses or certifications?	If yes, please provide the license/certification type, the license/certification date, and the license/certification number(s):

☐ Yes ☐ No	
Do you have any relevant experience, special training and qualifications for the position you are applying to?	If yes, please explain the experience, training, and/or qualifications that you have for the position:
Can you perform all of the essential job duties of your desired position, with or without a reasonable accommodation?	If no, please explain:
☐ Yes ☐ No	

Do you have experience in any of the following positions?																																															
<table border="1"> <tr> <th>OFFICE</th> <th>SALES/LEASING</th> <th>SERVICE AND REPAIR</th> <th>PARTS</th> </tr> <tr> <td>☐ CONTROLLER</td> <td>☐ SALES MANAGER</td> <td>☐ SERVICE MANAGER</td> <td>☐ PARTS MANAGER</td> </tr> <tr> <td>☐ OFFICE MANAGER</td> <td>☐ NEW CAR SALES</td> <td>☐ SERVICE ADVISOR</td> <td>☐ PARTS COUNTER</td> </tr> <tr> <td>☐ BOOKKEEPER</td> <td>☐ USED CAR SALES</td> <td>☐ DISPATCHER</td> <td>☐ PARTS STOCKER</td> </tr> <tr> <td>☐ ACCOUNTS RECEIVABLE</td> <td>☐ TRUCK SALES</td> <td>☐ SHOP FOREMAN</td> <td>☐ PARTS DRIVER</td> </tr> <tr> <td>☐ ACCOUNTS PAYABLE</td> <td>☐ F&I MANAGER</td> <td>☐ MECHANIC/TECHNICIAN</td> <td></td> </tr> <tr> <td>☐ PAYROLL CLERK</td> <td>☐ LEASING MANAGER</td> <td>☐ ELECTRICIAN</td> <td><u>OTHER</u></td> </tr> <tr> <td>☐ TAX/TITLE CLERK</td> <td>☐ FLEET MANAGER</td> <td>☐ HELPER</td> <td>☐</td> </tr> <tr> <td>☐ WARRANTY CLERK</td> <td>☐ TRUCK MANAGER</td> <td>☐ PAINTER</td> <td>☐</td> </tr> <tr> <td>☐ DATA ENTRY</td> <td>☐ USED CAR MANAGER</td> <td>☐ BODY REPAIR</td> <td></td> </tr> <tr> <td>☐ CASHIER</td> <td>☐ AFTER MARKET SALES</td> <td>☐ GET READY/PREP</td> <td></td> </tr> </table>	OFFICE	SALES/LEASING	SERVICE AND REPAIR	PARTS	☐ CONTROLLER	☐ SALES MANAGER	☐ SERVICE MANAGER	☐ PARTS MANAGER	☐ OFFICE MANAGER	☐ NEW CAR SALES	☐ SERVICE ADVISOR	☐ PARTS COUNTER	☐ BOOKKEEPER	☐ USED CAR SALES	☐ DISPATCHER	☐ PARTS STOCKER	☐ ACCOUNTS RECEIVABLE	☐ TRUCK SALES	☐ SHOP FOREMAN	☐ PARTS DRIVER	☐ ACCOUNTS PAYABLE	☐ F&I MANAGER	☐ MECHANIC/TECHNICIAN		☐ PAYROLL CLERK	☐ LEASING MANAGER	☐ ELECTRICIAN	<u>OTHER</u>	☐ TAX/TITLE CLERK	☐ FLEET MANAGER	☐ HELPER	☐	☐ WARRANTY CLERK	☐ TRUCK MANAGER	☐ PAINTER	☐	☐ DATA ENTRY	☐ USED CAR MANAGER	☐ BODY REPAIR		☐ CASHIER	☐ AFTER MARKET SALES	☐ GET READY/PREP				
OFFICE	SALES/LEASING	SERVICE AND REPAIR	PARTS																																												
☐ CONTROLLER	☐ SALES MANAGER	☐ SERVICE MANAGER	☐ PARTS MANAGER																																												
☐ OFFICE MANAGER	☐ NEW CAR SALES	☐ SERVICE ADVISOR	☐ PARTS COUNTER																																												
☐ BOOKKEEPER	☐ USED CAR SALES	☐ DISPATCHER	☐ PARTS STOCKER																																												
☐ ACCOUNTS RECEIVABLE	☐ TRUCK SALES	☐ SHOP FOREMAN	☐ PARTS DRIVER																																												
☐ ACCOUNTS PAYABLE	☐ F&I MANAGER	☐ MECHANIC/TECHNICIAN																																													
☐ PAYROLL CLERK	☐ LEASING MANAGER	☐ ELECTRICIAN	<u>OTHER</u>																																												
☐ TAX/TITLE CLERK	☐ FLEET MANAGER	☐ HELPER	☐																																												
☐ WARRANTY CLERK	☐ TRUCK MANAGER	☐ PAINTER	☐																																												
☐ DATA ENTRY	☐ USED CAR MANAGER	☐ BODY REPAIR																																													
☐ CASHIER	☐ AFTER MARKET SALES	☐ GET READY/PREP																																													

CRIMINAL BACKGROUND	
<i>Please note, answering "Yes" to these questions is not an automatic bar to employment. Factors such as age at the time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged, any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, and referrals to and participation in any pretrial or post trial diversion programs in answering these questions).</i>	
Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony?	If yes, please give the date(s) and details:
☐ Yes ☐ No	

EDUCATION

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade or Correspondence:				
Other:				

EMPLOYMENT HISTORY

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

May we contact your current employer?

If no, please explain:

☐ Yes ☐ No

Present or Last Employer Name _____ Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> From _____ (mo/yr) To (mo/yr) _____	<u>Your Title or Position</u> _____ Name and Title of <u>Last Supervisor</u> _____ _____	<u>Reason for Leaving</u>
Present or Last Employer Name _____ Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> From _____ (mo/yr) To (mo/yr) _____	<u>Your Title or Position</u> _____ Name and Title of <u>Last Supervisor</u> _____ _____	<u>Reason for Leaving</u>

Present or Last Employer Name Address City, State, Zip Code Telephone 	<u>Employed</u> From (mo/yr) To (mo/yr) 	<u>Your Title or Position</u> Name and Title of <u>Last Supervisor</u> 	<u>Reason for Leaving</u>
Present or Last Employer Name Address City, State, Zip Code Telephone 	<u>Employed</u> From (mo/yr) To (mo/yr) 	<u>Your Title or Position</u> Name and Title of <u>Last Supervisor</u> 	<u>Reason for Leaving</u>
Present or Last Employer Name Address City, State, Zip Code Telephone 	<u>Employed</u> From (mo/yr) To (mo/yr) 	<u>Your Title or Position</u> Name and Title of <u>Last Supervisor</u> 	<u>Reason for Leaving</u>
Present or Last Employer Name Address City, State, Zip Code Telephone 	<u>Employed</u> From (mo/yr) To (mo/yr) 	<u>Your Title or Position</u> Name and Title of <u>Last Supervisor</u> 	<u>Reason for Leaving</u>

PERSONAL REFERENCES				
Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

ADDITIONAL INFORMATION

Is there any additional information you would like the Company to know?

APPLICATION VERIFICATION & AGREEMENT

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE SIGNING. IF YOU HAVE ANY QUESTIONS REGARDING THE STATEMENTS BELOW, PLEASE ASK A COMPANY REPRESENTATIVE BEFORE SIGNING. BY SIGNING BELOW, YOU ARE ACKNOWLEDGING THAT YOU HAVE READ THE STATEMENTS AND UNDERSTAND THEM.

I certify that the facts set forth in this employment application and any attached application materials, including but not limited to my resume, are complete, true and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for this position or if hired, disciplinary action up to and including discharge. I also understand that if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard. If hired, I understand that I must comply with all of the rules, regulations, policies, and procedures of the Company.

Signature of Applicant

Date

I understand that as part of the hiring process and as permitted by federal, state, and/or local law the Company may obtain a consumer report(s) and/or an investigative consumer report(s) which includes information as to my character, general reputation, personal characteristics, and mode of living as part of a background investigation. If an investigative report is requested, I understand that the Company will provide me with separate written notification of the intent to request this information and I will be asked to complete requisite authorization forms. I further understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

Signature of Applicant

Date

I authorize the company to confirm all statements in this application and/or on my resume as it relates to the position and to the extent permitted by applicable law. I hereby release the company and its authorized representatives to verify all information provided by me. I authorize any party contacted by this employer including persons, schools, organization, or former employers to disclose such information from any liability, claims, charges or causes of action which may result of the delivery or disclosure of requested information.

Signature of Applicant

Date

I understand that the Company may require me to submit to a pre-employment drug test and at any time during my employment to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and my employment may be contingent upon a successful bond application.

Signature of Applicant

Date

I acknowledge that the Company utilizes an alternative dispute resolution program that involves binding arbitration to resolve disputes that may arise between myself and the Company. If hired, I understand that I will be required to sign an agreement requiring mandatory and binding arbitration of any claims, disputes, and/or controversies between myself and the Company as permitted by federal, state, and/or local law. **I FURTHER UNDERSTAND THAT ANY SUCH AGREEMENT TO ARBITRATE REQUIRES THE COMPANY AND ME TO ARBITRATE DISPUTES THAT ARISE OUT OF MY EMPLOYMENT, AND THAT I AND THE COMPANY ARE GIVING UP OUR RIGHTS TO A TRIAL BY JURY.**

Signature of Applicant

Date

I UNDERSTAND THAT THE COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. IF HIRED, I UNDERSTAND THIS MEANS THAT EITHER THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT NOTICE OR CAUSE. FURTHER, NO EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT, EXPRESS OR IMPLIED, WITH ME OR ANY OTHER APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

Signature of Applicant

Date

I acknowledge that I have had time to read the statements above and ask the Company's representative any questions I had prior to signing this verification and agreement. I further confirm that I am signing this verification and agreement voluntarily and not under any duress or threat of negative consequences. **MY SIGNATURE BELOW CONFIRMS THE FACT THAT I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO BE LEGALLY BOUND TO ALL OF THE STATEMENTS ABOVE.**

Signature of Applicant

Date



Nevada Department of
Public Safety
Dedication Pride Service

CIVIL NAME CHECK
BACKGROUND WAIVER
AUTHORIZATION FOR RELEASE OF INFORMATION

In consideration for processing my application for employment or volunteer services,

I, _____ the undersigned, whose name and personal identification information voluntarily appear below, do hereby and irrevocably agree to the following:

1. I hereby authorize the Nevada Department of Public Safety and any other agency of criminal justice, to search for and release criminal history record information to the authorized participant named below. In giving this authorization, I expressly understand that the information may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agencies. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions and sentences. Further, I understand that the information may include similar information obtained from other local, state and federal criminal justice agencies and may include information pertaining to convicted person data, outstanding arrest warrants and current and/or prior gaming and non-gaming sheriff's work cards that were issued to me.
2. **In giving the authorization outlined herein, I understand all information provided may be reviewed by the authorized participant and/or any other eligible person authorized pursuant to Nevada Revised Statute Chapter 179A, in order to make an informed hiring decision. This information is confidential, and may not be further disseminated without my expressed written permission or an order from a court of law having jurisdiction.**

_____(date) _____(initial)
MM/DD/YY

3. I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the authorized participant, and that the proper forms and procedures will be furnished to me by the Nevada Department of Public Safety upon request.
4. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the requestor for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

PERSONAL IDENTIFICATION INFORMATION: **INFORMATION MUST BE PRINTED LEGIBLY (* REQUIRED FIELD)**

Name: _____
*LAST *FIRST *MIDDLE

Any Other Name Used: _____
*LAST *FIRST *MIDDLE

Date of Birth: _____ Social Security Number: * _____ Sex: ☐ M ☐ F
*Month *Day *Year

Race: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Applicant's Signature: _____

Applicant's Physical Address: _____

Date: _____

Authorized Participant: Employer Lynx, Inc
(PRINTED: Employer/Volunteer Organization/Employment Screening Service)

Date: _____

For OFFICIAL USE ONLY

☐ Yes ☐ No

Date: _____

Consent and Release Form for Drug Screen Test

I, _____, hereby consent to allow **Fairway Chevrolet** (the "Company") to conduct a StatSWAB oral fluid drug test for a pre-employment, random, or reasonable suspicion drug test screen. I further consent to allow **Fairway Chevrolet** to review the results of such screen.

In consideration for such services being rendered on my behalf, I hereby release the Company, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby consent not to file any action at law or in equity against the Company, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to indemnify and hold harmless the Company, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO BE LEGALLY BOUND TO ALL OF THE ABOVE TERMS.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE ACKNOWLEDGMENT AND AGREEMENT.

Employee's Signature

Printed Employee Name

Date

[RETAIN IN EMPLOYEE PERSONNEL FILE]

Attestation Form

By signing below, I, _____, (Supervisor) certify the

following: On _____, _____ (Month, Day, Year),

_____ (Prospective Employee) conducted an oral drug test

under my supervision. Upon completion and review of the test, the prospective

employee _____ (Passed/Failed). I have sent the completed test to

the HR Administrator.

_____ (Supervisor Signature)