



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? _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Years Months </div>	
Previous Address(es) (Street, City, State, Zip)		How long did you live at that address?	
1. _____		_____ Year(s)	_____ Month(s)
2. _____		_____ Year(s)	_____ Month(s)
3. _____		_____ Year(s)	_____ Month(s)
Email Address(es)		Date of Application	

GENERAL INFORMATION

Position Desired: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the dates of employment and position(s):
Do you have any relatives that work for this Company? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain the circumstances:
Are there any gaps in your employment history? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain the circumstances:
If hired, can you furnish proof that you are over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have United States military experience? <input type="checkbox"/> Yes <input type="checkbox"/> 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):

<input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:

Do you have experience in any of the following positions?

OFFICE	SALES/LEASING	SERVICE AND REPAIR	PARTS
<input type="checkbox"/> CONTROLLER	<input type="checkbox"/> SALES MANAGER	<input type="checkbox"/> SERVICE MANAGER	<input type="checkbox"/> PARTS MANAGER
<input type="checkbox"/> OFFICE MANAGER	<input type="checkbox"/> NEW CAR SALES	<input type="checkbox"/> SERVICE ADVISOR	<input type="checkbox"/> PARTS COUNTER
<input type="checkbox"/> BOOKKEEPER	<input type="checkbox"/> USED CAR SALES	<input type="checkbox"/> DISPATCHER	<input type="checkbox"/> PARTS STOCKER
<input type="checkbox"/> ACCOUNTS RECEIVABLE	<input type="checkbox"/> TRUCK SALES	<input type="checkbox"/> SHOP FOREMAN	<input type="checkbox"/> PARTS DRIVER
<input type="checkbox"/> ACCOUNTS PAYABLE	<input type="checkbox"/> F&I MANAGER	<input type="checkbox"/> MECHANIC/TECHNICIAN	
<input type="checkbox"/> PAYROLL CLERK	<input type="checkbox"/> LEASING MANAGER	<input type="checkbox"/> ELECTRICIAN	<u>OTHER</u>
<input type="checkbox"/> TAX/TITLE CLERK	<input type="checkbox"/> FLEET MANAGER	<input type="checkbox"/> HELPER	<input type="checkbox"/>
<input type="checkbox"/> WARRANTY CLERK	<input type="checkbox"/> TRUCK MANAGER	<input type="checkbox"/> PAINTER	<input type="checkbox"/>
<input type="checkbox"/> DATA ENTRY	<input type="checkbox"/> USED CAR MANAGER	<input type="checkbox"/> BODY REPAIR	
<input type="checkbox"/> CASHIER	<input type="checkbox"/> AFTER MARKET SALES	<input type="checkbox"/> GET READY/PREP	

CRIMINAL BACKGROUND

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).

Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give the date(s) and details:
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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

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

Present or Last Employer _____ 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 _____ 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 _____ 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 _____ 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