

Cars-N-Credit  
1111 Madison Ave.  
Mankato, MN 56001

APPLICATION FOR EMPLOYMENT

Position desired: \_\_\_\_\_  Full time  
Type of work desired: 1. \_\_\_\_\_  Part time Date: \_\_\_\_\_  
Date available to start work: \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT'S STATEMENT

I understand that this application will be given every consideration, but it 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 the Company has the same right. No one other than the President of the Company has authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company may investigate my driving record. I further understand that the Company may contact my previous employers and references. I authorize those employers and references to disclose all pertinent information and records to the Company.

I hereby state that all of 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  
Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
                    First                    Middle                    Last

Present Address: \_\_\_\_\_ Length of residency: \_\_\_\_\_  
                    Street & Number                    City                    State                    Zip                    Years/Months

Previous Address: \_\_\_\_\_ Length of residency: \_\_\_\_\_  
                    Street & Number                    City                    State                    Zip                    Years/Months

Telephone Number: \_\_\_\_\_



## RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your 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.

Name of present or last employer	Employed	Pay	Job title or position held	Reason for leaving
	From: (mo/yr)	Start \$		
Address				
City, State, Zip Code	To: (mo/yr)	Final \$	Name of last supervisor	
Telephone				
Name of previous employer	Employed	Pay	Job title or position held	Reason for leaving
	From: (mo/yr)	Start \$		
Address				
City, State, Zip Code	To: (mo/yr)	Final \$	Name of last supervisor	
Telephone				
Name of previous employer	Employed	Pay	Job title or position held	Reason for leaving
	From: (mo/yr)	Start \$		
Address				
City, State, Zip Code	To: (mo/yr)	Final \$	Name of last supervisor	
Telephone				
Name of previous employer	Employed	Pay	Job title or position held	Reason for leaving
	From: (mo/yr)	Start \$		
Address				
City, State, Zip Code	To: (mo/yr)	Final \$	Name of last supervisor	
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: \_\_\_\_\_

Have you ever been unemployed for longer than 6 months?  Yes  No

If yes, please explain: \_\_\_\_\_

May we contact your current employer?  Yes  No

If no, please explain: \_\_\_\_\_

**REFERENCES**

Please list persons who know you well. Do not list previous employers or relatives. All persons listed must have known you for at least 2 years.

Name	Occupation	Address (City and State)	Telephone Number

**ADDITIONAL INFORMATION**

Please indicate any actual experience you have in any of the following positions:

- | OFFICE                                       | SALES/LEASING                                    | SERVICE & REPAIR                                | PARTS                                  |
|--|--|---|--|
| <input type="checkbox"/> Office Manager      | <input type="checkbox"/> Sales Manager           | <input type="checkbox"/> Service Manager        | <input type="checkbox"/> Parts Manager |
| <input type="checkbox"/> Bookkeeper          | <input type="checkbox"/> Sales Person (New Car)  | <input type="checkbox"/> Service Writer/Advisor | <input type="checkbox"/> Parts Counter |
| <input type="checkbox"/> Accounts Receivable | <input type="checkbox"/> Sales Person (Used Car) | <input type="checkbox"/> Dispatcher             | <input type="checkbox"/> Parts Stocker |
| <input type="checkbox"/> Accounts Payable    | <input type="checkbox"/> Sales Person (Truck)    | <input type="checkbox"/> Shop Foreman           | <input type="checkbox"/> Parts Driver  |
| <input type="checkbox"/> Payroll Clerk       | <input type="checkbox"/> F&I Manager             | <input type="checkbox"/> Mechanic/Technician    |  |
| <input type="checkbox"/> Tag/Title Clerk     | <input type="checkbox"/> Leasing Manager         | <input type="checkbox"/> Electrician            |  |
| <input type="checkbox"/> Warranty Clerk      | <input type="checkbox"/> Fleet Manager           | <input type="checkbox"/> Helper                 |  |
| <input type="checkbox"/> Data Entry          | <input type="checkbox"/> Truck Manager           | <input type="checkbox"/> Painter                |  |
| <input type="checkbox"/> Cashier             | <input type="checkbox"/> Used Car Manager        | <input type="checkbox"/> Body Repair            |  |
|  |  | <input type="checkbox"/> Get Ready              |  |

**This application will be considered active for a maximum of 30 days after the available position is filled. If you wish to be considered 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 to the best of my knowledge.**

---

Signature of Applicant

---

Date