

Application for Employment

Qualified applicants receive consideration for employment without discrimination because of age, race, sex, sexual orientation, religious or political beliefs, military or veteran's status, marital status, national origin, genetic information, disability or any other protected class under state, federal, or local law.

Last Name	First Name	MI	Phone Number () -	Social Security Number - -	Today's Date
Present Address	City	State	Zip Code	In Emergency Notify	
Permanent Address	City	State	Zip Code	Emergency Phone #	
Email Address			Alternate Phone/Cell Phone		

Employment Desired - Please indicate the position(s) desired or the category of work for which you are applying.

Position(s) applied for	Are you able to work: Full Time _____ Part Time _____ Night Shift _____	Identify any restrictions on travel:
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Education

Name of School		Location	Circle last year completed	Did you graduate?	Subjects studied and degree(s) earned	List any specific training, skills and experience as well as licenses, and certifications you feel could be used.
High School			1 2 3 4	Yes _____ No _____		
College			1 2 3 4	Yes _____ No _____		
Graduate School			1 2 3 4	Yes _____ No _____		
Trade, Business or Correspondence School			1 2 3 4	Yes _____ No _____		

U.S. Military Service

Branch of Service (Army, Navy, A.F., Etc.)	From: To:
Present Military Affiliation None _____ Reserve (active) _____ Reserve (inactive) _____	Kinds of training and duty while in service:

WA Driver's License

(If applicable to position)

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Employment Record - List last three employers, starting with last or current one first.

Name of current or last employer	Company phone number	Type of work, special skills	Employment dates (month & year) From: _____ To: _____
Street Address	May we Contact? Yes _____ No _____		Reason(s) for leaving:
City State Zip	Person to Contact		Salary Starting: _____ Ending: _____
Name of next to last employer	Company phone number	Type of work, special skills	Employment dates (month & year) From: _____ To: _____
Street Address	May we Contact? Yes _____ No _____		Reason(s) for leaving:
City State Zip	Person to Contact:		Salary Starting: _____ Ending: _____
Name of third to last employer	Company phone number	Type of work, special skills	Employment dates (month & year) From: _____ To: _____
Street Address	May we Contact? Yes _____ No _____		Reason(s) for leaving:
City State Zip	Person to Contact:		Salary Starting: _____ Ending: _____

I swear that the statements in this application are true and correct. I understand that any false or misleading information or omission of material fact may result in dismissal. I authorize the employer to investigate and verify any of the information I have submitted in applying for employment with the employer. I hereby release both the dealership and all prior employers from any liability, claims or causes of action whatsoever and of whatever nature arising from the dealership's investigation of my background and the contents of this application. I understand that employment, if offered, will be at the will of the employer and myself and may be terminated at any time for any reason by either party.

If you are considered for this position, do you agree to the following if required by the Company?

Drug and Alcohol Testing? Yes _____ No _____

Do not write in this space

I understand this is not a contract between me and the company.

Signature of applicant

Date

Interviewed By

Date

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Roy Robinson Inc. ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize the Company to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I do _____ do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Applicant Signature

Date

Personal Data

Last Name

First Name

Middle Name

Current Address

Dates Lived Here

Addresses for the Past Seven Years: (include street, city, state, zip code)

Dates of Residence:

Date of Birth

Other Names Used (including maiden name)

Years Used

Social Security Number

Driver's License #

State

Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all of elements of the person data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment. I

Printed Name

Applicant Signature

Date