

Please give accurate, complete full-time and part-time employment record. Start with your most recent employer.

EMPLOYMENT 1

Company Name	Telephone
Address	Employed - (State month & year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	
Reason for Leaving	

EMPLOYMENT 2

Company Name	Telephone
Address	Employed - (State month & year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	
Reason for Leaving	

EMPLOYMENT 3

Company Name	Telephone
Address	Employed - (State month & year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	
Reason for Leaving	

EMPLOYMENT 4

Company Name	Telephone
Address	Employed - (State month & year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	
Reason for Leaving	

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Number(s)	Reason

MILITARY

Did you serve in the U.S. Armed Forces? Yes No

If "Yes" what Branch?

Describe any training received relevant to the position for which you are applying.

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

Exclude those which may disclose your race, color, religion or national origin

SIGNATURE

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does create a contractual obligation upon the employer to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so.

If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Signature

Date

YORK
Auto Group

Thank you for applying with us.

