

EMPLOYMENT APPLICATION - EQUAL OPPORTUNITY EMPLOYER DATE:

Position Desired:	Full Time Part Time	Salary Desired:	Available Date:
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WE ARE AN EQUAL OPPORTUNITY EMPLOYER - APPLICANT'S STATEMENT

I understand that this application will be given every consideration, but 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 anytime 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 the make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to medical examination, including a drug/alcohol test, prior to employment and at any time during my employment to the extent permitted by law. I also understand that I may be required to take other tests, such as personality and honesty test, prior to employment and during my employment.

I understand that the Company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, and others whom I am acquainted or know me. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of the investigation. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records pertinent to my employment with them. In addition to authorizing the release of any information regarding employment, I hereby fully waive any rights or claims I have or any have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liabilities, claims, or damages that may directly or indirectly result from the use, disclosure or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I hereby state that all information that I provide on this application and in any interview is true and accurate. I understand that if I am employer 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 CLEARLY)

Last Name:	First Name:	Middle Initial:
Street Address:		
City:	State:	Zip:
Previous Address (If Less than 5 Years) :		
City:	State:	Zip:
Home Phone #	Cell Phone #	
Email Address:		

Who referred you our company?

Employment Agency Newspaper Friend State Employment Office Walk-In Other:

Are you 18 years of age or older? Yes No

Have you ever worked for this company before? Yes No

If yes, please give dates and position: _____

Do you have any friends or relatives working here? Yes No

If yes, Name: _____ Relationship: _____

Do you have means of transportation that will allow you to consistently arrive at work on time? Yes No

If a driver's license is required for the SPECIFIC position for which you are applying, do you have a valid driver's license?

Yes No License #: _____ State: _____ Expiration: _____

Have you ever been found guilty of a traffic violation of any kind within the last FIVE years? Yes No

If yes, please give dates and details: _____

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? Yes No

If yes, please give dates and details: _____

EMPLOYMENT HISTORY

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

Employer:				Phone #:		
Address:						
City:			State:			
Employment Dates: From(Mo/Yr):				To (Mo/Yr):		
Starting Pay:				Current/Ending Pay:		
Title/Position:			Name of Last Supervisor:			
Reason for Leaving:						

Employer:				Phone #:		
Address:						
City:			State:			
Employment Dates: From(Mo/Yr):				To (Mo/Yr):		
Starting Pay:				Current/Ending Pay:		
Title/Position:			Name of Last Supervisor:			
Reason for Leaving:						

Employer:				Phone #:		
Address:						
City:			State:			
Employment Dates: From(Mo/Yr):				To (Mo/Yr):		
Starting Pay:				Current/Ending Pay:		
Title/Position:			Name of Last Supervisor:			
Reason for Leaving:						

Employer:				Phone #:		
Address:						
City:			State:			
Employment Dates: From(Mo/Yr):				To (Mo/Yr):		
Starting Pay:				Current/Ending Pay:		
Title/Position:			Name of Last Supervisor:			
Reason for Leaving:						

Employer:				Phone #:		
Address:						
City:			State:			
Employment Dates: From(Mo/Yr):				To (Mo/Yr):		
Starting Pay:				Current/Ending Pay:		
Title/Position:			Name of Last Supervisor:			
Reason for Leaving:						

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: _____

May we contact your current employer? Yes No

If no, please explain: _____

EDUCATIONAL BACKGROUND

High School		City/State
Diploma/Degree		Study/Major
College/University		City/State
Diploma/Degree		Study/Major
Vocational/Trade		City/State
Diploma/Degree		Study/Major

GENERAL INFORMATION (For additional information use a separate sheet)

List all computer programs in which you are proficient:

Are you available for work on weekends &/or evenings if necessary?	Yes	No
Are you willing to work overtime if required?	Yes	No
Are you capable of completely performing the SPECIFIC job duties of the position for which you are applying?	Yes	No
Can you meet the SPECIFIC attendance requirements of the job for which you are applying?	Yes	No
Do you currently use illegal drugs?	Yes	No
Have you illegally used drugs in the last two years?	Yes	No
Have you ever been convicted for the use, sale, or possession of illegal drugs?	Yes	No
Have you ever failed a pre-employment drug screening?	Yes	No

Additional comments concerning above information:

CHARACTER REFERENCES

Please list persons who know you well - NOT PREVIOUS EMPLOYERS OR RELATIVES

NAME	OCCUPATION	ADDRESS	PHONE #	YEARS KNOWN

ADDITIONAL INFORMATION - Please indicate where you have actual experiences 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/A	<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"/> Other_____
<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	OTHER
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Truck Manager	<input type="checkbox"/> Painter	<input type="checkbox"/> Machinist
<input type="checkbox"/> Cashier	<input type="checkbox"/> Used Car Manager	<input type="checkbox"/> Body Repair	<input type="checkbox"/> Porter/Janitor
<input type="checkbox"/> Receptionist	<input type="checkbox"/> Rentals	<input type="checkbox"/> Other_____	<input type="checkbox"/> Security
<input type="checkbox"/> Other_____	<input type="checkbox"/> Other_____		<input type="checkbox"/> Driver Messenger
			<input type="checkbox"/> Maintenance

EMERGENCY CONTACT INFORMATION

Name:				Phone #	()
Address:					
City:		State:		Zip:	
How is this person related to you?					

Name:				Phone #	()
Address:					
City:		State:		Zip:	
How is this person related to you?					

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand

Applicant Signature: _____ Date: _____

RETURN TO ONE OF OUR 6 CONVIENT LOCATIONS
or email to office@samedayautorepair.com

Sand Springs
100 S. Adams Rd
Sand Springs, OK
(918) 245-3493
Fax
(918) 245-5778

West Tulsa
6130 W. 41st St.
Tulsa, OK
(918) 447-3493
Fax
(918) 447-3469

Midtown Tulsa
3220 S. Sheridan
Tulsa, OK
(918) 384-0028
Fax
(918) 384-0026

Bixby
11121 S. Memorial
Bixby, OK
(918) 369-6453
Fax
(918) 369-3227

Tulsa
2213 E. 61st St.
Tulsa, OK
(918) 960-2022
Fax
(918) 960-2028

Claremore
625 W. Will Rogers Blvd
Claremore, OK
(918) 341-5804
Fax
(918) 965-1871

DO NOT WRITE IN THIS SPACE - FOR INTERVIEWERS USE ONLY

Interviewed By: _____ Date: _____

Comments: _____

Start Date: _____ Position: _____
Starting Pay: _____ Location: _____

Signature: _____