

Application for Employment - WE ARE AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER -

IMPORTANT NOTICE: Your fa	ilure to fully answer or complet	e each inquir	y on this ap	plication ma	y disqualify you from	n consideration	n for employment.	
Position Desired				Pla	Placement Desired Full-Time Part-Time Temporary			
Location Desired				Da	te Available	, ruit riiile	remperary	
PERSONAL DATA								
Last Name		First Name)		Middle Nam	е		
Present Address (Street Address	s, City, State, Zip)					How long have	e you lived there?	
Previous Address (Street Addres	ss, City, State, Zip)					How long did	you live there?	
Tolonhono Number	1					Ara vou 19 vo	are of ago or older?	
Telephone Number		Alternate Telephone Number				Are you 18 years of age or older? Yes No		
Email Address		If hired, do you	u have adeq	uate transpor	tation to and from worl	k? 🗌 Yes 🛭	□ No	
Please list the names of your seasonal employment. Be su	employer? Yes No represent and previous employed ure to account for all periods of ure to fill out this section con	ers in chronol f time, includi	ogical orde	service and	any period of unemp	oloyment. DC		
Employer Name			Detect		Work Performed			
Employer Name			From	mployed To	Work i chomicu			
Telephone Number(s)					Reason for Leaving (p	rovide detailed re	esponse)	
Address (Street Address, City, State, Zip Code)			Hourly R	late/Salary	1			
,			Starting	Final				
Last Job Title	Last Supervisor's Name and T	itle			How much notice did y	ou give?		
Employer Name			Dates Employed From To		Work Performed			
			From	10				
Telephone Number(s)					Reason for Leaving (p	rovide detailed re	esponse)	
Address (Street Address, City, State, Zip Code)			Hourly F	late/Salary				
			Starting	Final				
Last Job Title	Last Supervisor's Name and T	itle			How much notice did y	ou give?		
Employer Name				mployed	Work Performed			
			From	То				
Telephone Number(s)		Reason for Le		Reason for Leaving (p	n for Leaving (provide detailed response)			
Address (Street Address, City, State, Zip Code)			Hourly Rate/Salary		1			
•	·		Starting	Final	1			
Last Job Title	Last Supervisor's Name and T	itle			How much notice did y	ou give?		

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Employer Name		Employed	Work Performed		
		То			
	1				
Telephone Number(s)			Reason for Leaving (provide detailed response)		
Address (Street Address, City, State, Zip Code)	Hourly F	Rate/Salary			
	Starting	Final			
Last Job Title Last Supervisor's Name and Title	1		How much notice did you give?		
Employer Name		Employed	Work Performed		
	From	То			
Telephone Number(s)			Reason for Leaving (provide detailed response)		
Address (Chest Address Cit. Otals 7in Code)	Haveby F	2-t-/C-l	_		
Address (Street Address, City, State, Zip Code)	Hourly Rate/Salary Starting Final		1		
	Citarting	i iiidi			
Last Job Title Last Supervisor's Name and Title			How much notice did you give?		
		<u> </u>			
Please explain fully any gaps of over one month in duration in your eservice and any period of unemployment. List any other names which you may have used and will be necessary for you to begin employment lawfully?	ary to verify the U.S. fo	your prior e	mployment:any?		
Have you ever been involuntarily terminated or asked to resign from	any job?	Yes _	No if yes, please explain the circumstances:		
Have you ever worked for this Company? Yes No If yes	s, please gi	ve dates and	d position:		
Do you have any friends or relatives working here? Yes I	No If so, v	vhom?			
ALL APPLICANTS: Do not include arrests or convictions that were resulted in referral to a diversion program. NOTE: Answering "yes consideration for employment. Factors such as age and time owill be taken into account.	s" to these	questions	does not automatically disqualify you from		
Have you ever pled guilty or no contest to, or been convicted of a cr	riminal offer	nse other tha	an the applicable exceptions listed above? Yes No		
Have you been arrested for any matters for which you are currently			·· — — —		
CRIMINAL OFFENSES ONLY: If you answered yes to either of the		•			
Do you have any commitments, including but not limited to, a non-co					
If yes, please explain:			,		

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FDUCATION

EDUCATION								
School Name	Years Completed (Circle)	Diploma/Degree		Describe Course of Study or Major		De	Describe Specialized Experience, Training, Skills, and Extra- Curricular Activities	
High School	9 10 11 12							
College/University	1 2 3 4							
Graduate/Professional	1 2 3 4							
REFERENCES (Please include	at least 2 supervisory	references.)						
Name		Address			Telephone Number		Relationship	
RELEVANT EXPERIENCE (Ple	ease indicate any actua	al experience you	ı have in any o	f the follow	ring positions.)			
ADMINISTRATIVE	SALES	, ,	SERV		, ,	ı	PARTS	
[] Office Manager	[] General M			ervice Man] [] Parts Manager	
[] Bookkeeper	[] Operations			Service Advisor/Writer] Parts Counter	
[] Accounts Receivable [] Accounts Payable	[] Sales Man [] Sales Pers			ispatcher nop Forem	on] Parts Stocker] Parts Driver	
[] Payroll Clerk	[] Sales Pers			echanic/Te			j raits briver	
[] Tag/Title Clerk	[] Internet Sa			ectrician		- 10	OTHER	
[] Warranty Clerk	[] Leasing M		1	arehouse] Customer Relations Manager	
[] Data Entry [] Cashier	[] Fleet Mana			elper] Rental Manager] Porter	
[] Receptionist	[] Truck Man [] On Premis			[]Painter []Body Repair] Detailer	
[] General Clerical	[] Off Premis			Lube Tech			Other:	
[] Other:	[] Other: [] Other:							
List any professional designation	ns, certifications, licer	nses, or courses	that may be a	pplicable t	to the position fo	or which	you are applying:	
DRIVING INFORMATION (Com	nplete only if driving is	s an essential fu	nction of the jo	b for whic	h you are applyi	ing.)		
Do you have a current driver's lic	cense? TYes T	☐ No If ves. Lic	cense No.		Sta	ate	Expiration Date	
Has your license ever been susp	ended or revoked? [Yes N	io if yes, exp	iain:				
Do you have personal automobil	e insurance? TY	es Nolfno	o, please expl	ain:				
Have you ever been denied pers	_				suspended?	Voc	☐ No. If yes, please explain:	
riave you ever been deflied pers	orial automobile msu	rance or has it e	vei been tein	ilialeu oi s	suspended!] 163	INO II yes, piease explain.	
Have you ever been convicted, p	olead guilty, or no cor	itest to a charge	of DWI or DU	l (do not li	st if record was	sealed/	expunged)?	
Are any such charges currently p	pending against you?	☐ Yes ☐	No If yes to	either que	stion, explain:			
			·		· -			
Please list all moving traffic viol	lations in the last five	(5) years:						
Offense		Date		Location			Comments	

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OTHER INFORMATION

Source: Name of Source: Please describe any other experience that you have which would be relevant to the job for which	oyment Agency, Walk In, Other)
Please describe any other experience that you have which would be relevant to the job for which	
	hich you are applying:

APPLICANT'S STATEMENT AND AGREEMENT

If hired, I will comply with all rules, regulations, and policies of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment 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 results of a physical examination and an alcohol test to the extent permitted by law. 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 employment and during my employment, to the extent permitted by law. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that if bonding may be a condition of hire, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that the Company may investigate my driving record, my criminal record and my credit depending on the job for which I am being considered and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. 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 inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my current and previous employers and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my current and 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 liability, 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 authorize the persons I name as personal references to provide the Company with any pertinent information they may have regarding me.

My signature below further acknowledges my understanding that by accepting an offer of employment with the Company, I agree to utilize binding arbitration pursuant to the Federal Arbitration Act as the sole and exclusive means to resolve all Covered Claims which may arise from, relate to, or have any relationship or connection whatsoever with my seeking employment with, employment or termination of employment by, or other association with the Company, whether based on tort, contract, statutory, or equitable law, or otherwise, with the exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under Workers' Compensation, unemployment compensation claims filed with the state, and charges of discrimination filed and pursued with the United States Equal Employment Opportunity Commission (although I understand and agree that if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim shall be subject to the arbitration provisions explained herein). My signature below also specifically acknowledges my agreement to pay one-half the costs of arbitration, including the arbitrator's fees, with the Company to pay the other half. I understand that I am responsible for my own litigation costs, including attorney's fees, expert fees, and related costs, except that I understand that the arbitrator may award my fees if such an award is permitted by the state or federal law under which I proceed in arbitration.

I also understand that the Company also agrees to submit to arbitration any claims it may have against me that it otherwise would be allowed or required to submit to any court or government dispute forum. I also understand and agree that nothing in this Agreement shall prevent the Company or me from obtaining provisional remedies, including but not limited to, injunctive relief to the extent permitted by state law from a court of competent jurisdiction pending final resolution of the dispute pursuant to this Agreement. I FURTHER UNDERSTAND THAT BY AGREEING TO SUBMIT COVERED CLAIMS TO ARBITRATION, BOTH THE COMPANY AND I GIVE UP OUR RIGHTS TO A JURY TRIAL. As used herein the term "Company" is defined to include all parent, subsidiary, and affiliated corporations, associated or controlled companies, their successors, predecessors, and assigns, and all past and present officers, directors, agents, stockholders, partners, owners, representatives, employees, attorneys, and employees thereof, other entities, assigns, and all persons acting on, by or through, under or in concert with them.

I understand and agree that "Covered Claims" which the Company and I agree to submit to binding arbitration include, but may not be limited to, all claims, disputes, and/or controversies (except specifically excluded above) related in any way to my employment or my seeking employment and the termination of my employment, including, but not limited to, claims related to my compensation; claims of harassment, discrimination, retaliation, and wrongful discharge based on or arising from any federal, state, or local law, whether constitutional, statutory, or common law or regulation; and all claims arising from or based on Title VII of the Civil Rights Act of 1964, as amended, the Age Discrimination in Employment Act, as amended, the Americans with Disabilities Act, the Equal Pay Act, the Civil Rights Acts of 1866, 1871, and 1971, the Vietnam Era Veterans Readjustment Act, the Uniformed Services Employment and Reemployment Rights Act, the Fair Labor Standards Act, the Family and Medical Leave Act, the Older Workers Benefit Protection Act, the Immigration Reform and Control Act, the Employment Retirement and Income Security Act, and the Sarbanes-Oxley Act; and, all claims based on all other federal, state, or local statutory or common laws or regulations which would otherwise require or allow resort to any court of law or other governmental dispute resolution forum between me and the Company.

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By signing this Agreement, I specifically understand and agree that all Covered Claims required to be submitted to binding arbitration pursuant to this Agreement shall be brought only in my individual capacity or that of the Company. My signature below further represents my specific understanding and agreement that this binding arbitration agreement shall not be construed or interpreted to allow or permit the consolidation or joinder of other claims or controversies involving any other employees with my claims, or permit any claim I may have to proceed as a class action, collective action, private attorney general action or any similar representative action. I further understand and agree that no arbitrator shall have the authority under this Agreement to order any such class, collective, or representative action. BY SIGNING THIS AGREEMENT, I UNDERSTAND AND AGREE THAT I AM SPECIFICALLY WAIVING ANY SUBSTANTIVE OR PROCEDURAL RIGHTS THAT I MAY HAVE TO BRING AN ACTION AS A CLASS OR COLLECTIVE ACTION.

I acknowledge that this Agreement is not intended to interfere with my rights to collectively bargain, to engage in protected, concerted activity, or to exercise other rights protected under the National Labor Relations Act, and that I will not be subject to disciplinary action of any kind for opposing the arbitration provisions of this Agreement. The parties agree that the venue for all arbitrations pursuant to this Agreement shall be Harris County, Texas.

In addition to requirements imposed by law, the arbitrator selected by me and the Company to arbitrate any and all covered claims, shall be a retired federal or state court judge and shall be subject to disqualification on the same grounds as would apply to a judge of such court. To the extent applicable in civil actions in United States District Courts, the following shall apply and be observed: all rules of pleading, discovery, and evidence (including the right to resolution of the dispute by means of motions for summary judgment and judgment on the pleadings). Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged. As reasonably required to allow full use and benefit of this agreement, the arbitrator shall extend the times set for the giving of notices and setting of hearings. Arbitration awards shall include the arbitrator's written reasoned opinion and, at either party's written request within thirty (30) days after issuance of the award, shall be subject to affirmation, reversal or modification, following review of the record and arguments of the parties by a second arbitrator who shall, as far as practicable, proceed according to the law and procedures applicable to appellate review by the Federal Court of Appeals of a civil judgment following court trial. Should any term or provision, or portion thereof of this arbitration agreement, be declared void or unenforceable, it shall be severed and the remainder of this agreement to arbitrate shall be enforceable. I understand and agree that no implied, oral, or written agreement contrary to the expres

I hereby state that all the information that I provided in my application for employment and any other documents completed in connection with my employment and any information provided by me during the interviewing and hiring process is true, complete, and correct. I have withheld nothing that would, if disclosed, affect my application for employment unfavorably. I understand that if I am employed and any information provided is later found to be false, misleading, or incomplete in any respect, I may be dismissed. I understand 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 for this Company, and that federal immigration laws require me to complete an I-9 Form in this regard.

If hired, I agree as follows: My employment and compensation is terminable at will, is for no definite period, and my employment and compensation may be terminated by either the Company (employer) or me at any time and for any reason whatsoever, with or without good cause or notice. No implied, oral, or written agreements contrary to the express language of this Agreement related to my at-will status are valid unless they are in writing and signed by the President of the Company. No supervisor or representative of the Company, other than the President of the Company, has any authority to make any agreements (oral or written) for employment for any specified period of time or make any agreement contrary to the foregoing. Oral representations made before or after I am hired do not alter this agreement. This agreement is the entire agreement between the Company and me regarding the rights of the Company or me to terminate employment with or without good cause or notice, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings by or between me and the Company which are inconsistent with my status as an at-will employee. I understand and agree that any disputes related to the termination of my employment are subject to the arbitration process described above.

If you have any questions regarding this statement, please ask a Company representative before signing. By signing you acknowledge that you have read the above statements and understand the same.

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.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT AND AGREEMENT

Applicant's Signature	Date

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