

Prestige Automobiles

SINCE 1991

(Pre-Employment Application Questionnaire) (An Equal Opportunity Employer)

Applicant Information / Employment Desired

Full Name:	Last	First	M.I.	Date:	
Address:	Street Address			Apartment/Unit #	
	City	State	ZIP Code		
Phone:	Email:	Employment desired: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> On-call <input type="checkbox"/>			
Date you can start:	Desired Salary: \$			Are you currently employed? If so may we inquire of your present employer?	
Position Applying for:	YES	NO	YES	NO	
Are you a citizen of the United States?	<input type="checkbox"/>	<input type="checkbox"/>	If no, are you authorized to work in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever worked for this company?	YES	NO	If yes, when?		

Education

High School:	Address:
From: _____ To: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Diploma: _____
College/ University:	Address:
From: _____ To: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree: _____
Other:	Address:
From: _____ To: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree: _____

General

Subjects of special study or research work

Special Skills/ Activities (CIVIC ATHLETIC ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. military or naval service	Rank	Present membership in national guard or reserves
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Previous Employment

Company:	Phone:	
Address:	Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From: _____ To: _____	Reason for Leaving: _____	
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:	Phone:	

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

References

Please list three professional references. Give the names of three persons not related to you, whom you have known at least one year.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

It is unlawful in the state of Maryland to require or administer a lie detector test as a condition of employment or continued employment an employer who violates this law shall be subject to criminal penalties and civil liability

Signature of Applicant:

Disclaimer and Signature

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed. My employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause. And with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

DATE: _____

Interviewed by: _____ Position/Department: _____ Hired: YES NO

Remarks: _____

Salary/Wage: _____ Date Reporting to Work: _____

APPROVED: 1 _____ 2 _____ 3 _____

Accounting Manager

Dept. Head

Assistant/General Manager

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law