

Lakeshore Utility Trailer, Inc.
Application for Employment

Applicants may be tested for illegal drugs.

PERSONAL DATA

Name _____ Social Security No. _____
(Print) Last Name First Middle

Present Address _____ How long have you lived there? _____
Street and Number City State Zip Years/Months

Previous Address _____ How long did you lived there? _____
Street and Number City State Zip Years/Months

Telephone No. _____ Are you 18 years of age or older? ___ Yes ___ No

Have you 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: _____

Do you have a reliable means of transportation to travel to and from work which will allow you to consistently arrive to work on time? ___ Yes ___ No

If a driver's license is required for the position for which you are applying, do you have a valid driver's license? ___ Yes ___ No

License No. State Expiration date

Have you been cited for a traffic violation of any kind in the last FIVE years? ___ Yes ___ No

If yes, please give details: _____

Have you ever been convicted of a crime or received a verdict of anything other than not guilty in any criminal investigations or proceeding? Yes _____ No _____ If yes, describe when the conviction occurred, the facts and circumstances, and any facts pertaining to rehabilitation. (Do not list any criminal charges for which the records have been expunged or sealed. A criminal offense will not necessarily bar employment.)

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EDUCATION

	Elementary	High	College/ University	Graduate/ Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course or Major				
Describe Specialized Training, Military Experience, Skills and Extra Curricular Activities				

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your previous employers in chronological order with present or last employer listed 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.

Name of Present or Last Employer:	<u>Employed</u> From (Month/Year)	<u>Pay</u> Start \$	<u>Title or Position</u>	<u>Reason for Leaving</u>
Address (City, State, Zip Code)	To (Month/Year)	Final \$	<u>Name of Last Supervisor</u>	
Telephone				
Name of Present or Last Employer:	<u>Employed</u> From (Month/Year)	<u>Pay</u> Start \$	<u>Title or Position</u>	<u>Reason for Leaving</u>
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Have you ever been terminated or asked to resign from any job? ___ Yes ___ No

If yes, please explain: _____

Please explain fully any gaps in your unemployment history:

CHARACTER REFERENCES

Please list persons who know you well- Not previous employers or relatives

Name	Occupation	Address (Street, City, and State)	Telephone Number	Number of Years known

ADDITIONAL INFORMATION

Please indicate any actual experiences you have in any of the following positions:

<u>Office</u>	<u>Sales/Leasing</u>	<u>Service and Repair</u>	<u>Parts</u>
<input type="checkbox"/> Office Manager <input type="checkbox"/> Bookkeeper <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> Accounts Payable <input type="checkbox"/> Payroll Clerk <input type="checkbox"/> Tag/Title Clerk <input type="checkbox"/> Warranty Clerk <input type="checkbox"/> Data Entry <input type="checkbox"/> Cashier	<input type="checkbox"/> Sales Manager <input type="checkbox"/> Sales Person (Trailer) <input type="checkbox"/> F & I Manager <input type="checkbox"/> Leasing Manager <input type="checkbox"/> Fleet Manager <input type="checkbox"/> Truck Manager <input type="checkbox"/> Used Car Manager	<input type="checkbox"/> Service Manager <input type="checkbox"/> Service Writer/Advisor <input type="checkbox"/> Dispatcher <input type="checkbox"/> Shop Foreman <input type="checkbox"/> Mechanic/Technician <input type="checkbox"/> Electrician <input type="checkbox"/> Helper <input type="checkbox"/> Painter <input type="checkbox"/> Body Repair <input type="checkbox"/> Get Ready	<input type="checkbox"/> Parts Manager <input type="checkbox"/> Parts Counter <input type="checkbox"/> Parts Stocker <input type="checkbox"/> Parts Driver

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.

I have read this employment application and I fully understand its contents. I hereby certify that all of the information that I have provided on this application is true and accurate, and that I have not omitted any of the information called for. I understand that any false statements or omissions made by me in connection with this application, in interviews, or in responding to further requests for information is sufficient grounds for my rejection as an applicant or my dismissal if I have been hired, regardless of when the falsity or omission is discovered.

Date

Signature of Applicant