

COMMUNITY AUTOMOTIVE INC.

846 E. Fulton Grand Rapids Michigan, 49503

PHONE: (616) 774-7048

FAX: (616) 774-4676

www.communityautomotive.com

AT-WILL EMPLOYMENT APPLICATION

This Company is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state and federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

Read All Instructions Carefully

1. Please print legibly and complete ALL sections on both sides of the application.
2. This application may be downloaded from your computer.
3. Applications must be completed in your own handwriting and turned in by applicant.
5. Provide your signature and date when completed on the last page (page 6).
6. Please write the day of the week along with the date on the last page.

APPLICANT INFORMATION			
LAST NAME	FIRST	M.I.	DATE
STREET ADDRESS		APARTMENT/UNIT #	
CITY	STATE	ZIP	
PHONE # WHERE YOU CAN BE REACHED:	BEST TIME TO CALL:		
DO YOU HAVE RELIABLE TRANSPORTATION?	EMAIL ADDRESS		
POSITION APPLIED FOR:			
ARE YOU A CITIZEN OF THE UNITED STATES?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
HAVE YOU EVER APPLIED BEFORE TO THIS COMPANY?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, WHEN?	
HAVE YOU EVER BEEN CONVICTED OF A FELONY?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, PLEASE EXPLAIN	
EDUCATION			

HIGH SCHOOL/ GED CERTIFICATION			CITY/STATE	
FROM	To	DID YOU GRADUATE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	COURSE OF STUDY
COLLEGE			CITY/STATE	
FROM	To	DID YOU GRADUATE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	DEGREE
OTHER			CITY/STATE	
FROM	To	DID YOU GRADUATE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	DEGREE

REFERENCES	
<i>(Please List three references that you have known longer than one year, not including family members or previous employers)</i>	
NAME	RELATIONSHIP
ADDRESS	
OCCUPATION	PHONE ()
NAME	RELATIONSHIP
ADDRESS	
OCCUPATION	PHONE ()
NAME	RELATIONSHIP
ADDRESS	
OCCUPATION	PHONE ()

PREVIOUS EMPLOYMENT* <i>(BEGINNING WITH THE MOST RECENT)</i>
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COMPANY			PHONE ()		
ADDRESS			SUPERVISOR		
JOB TITLE		STARTING SALARY \$	ENDING SALARY \$		
RESPONSIBILITIES					
FROM	To	REASON FOR LEAVING			
MAY WE CONTACT YOUR PREVIOUS EMPLOYER 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			
MAY WE CONTACT YOUR PREVIOUS EMPLOYER 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:			
MAY WE CONTACT YOUR PREVIOUS EMPLOYER FOR A REFERENCE?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

*** If More Space is Needed, Please Attach Additional Sheets**

MILITARY SERVICE		
BRANCH	FROM	To
RANK AT DISCHARGE:	TYPE OF DISCHARGE:	
IF OTHER THAN HONORABLE, PLEASE EXPLAIN:		

QUALIFICATIONS

Please rate yourself in the following skill sets, using a scale of #1 - #10.
(#1 is not experienced and #10 is highly proficient)

Please rate your **Verbal Communication Skills** on a level of #1 - #10. # _____

Please rate your **Written Communication Skills** on a level of #1 - #10. # _____

Please rate you **Computer Skills in General** on a level of #1 - # 10. # _____

Why did you choose that number?

If applicable, please rate your **Sales Skills** on a level of #1 – #10 # _____

Why did you choose that number?

If applicable, please rate your **Management Skills** on a level of #1 – #10 # _____

Why did you choose that number?

If applicable, please rate your **Administrative Skills** on a level of #1 – #10. # _____

Why did you choose that number?

If applicable, which **Shop Management Software Programs** are you proficient with?

If applicable, which **Estimating Programs** are you proficient with?

Please list any **Sales or Management Courses** (other than college level) that you have taken and **When** (approximately).

Please list any **Computer Courses** (other than college level) that you have taken and **When** (approximately).

On a scale of #1 - #10, how would you rate yourself when working with the following computer programs?

Microsoft Word	_____	Microsoft Publisher	_____
Microsoft Outlook	_____	Microsoft Power Point	_____
Microsoft Excel	_____	Quick Books	_____
Photoshop	_____		

If applicable, please rate your **Typing Efficiency** on a scale of #1 - #10 # _____

If known, please include your average WPM (**Words Per Minute**) _____

GENERAL INFORMATION

Are you willing to authorize a **Criminal Background Investigation**? YES NO

We operate a **Drug Free Workplace**. Are you willing to participate in drug related testing?
 YES NO

Do you have a **Valid Drivers License**? YES NO

Are you willing to supply us with a **State Issued** report of your driving record?
 YES NO NOT APPLICABLE

If No, Please explain _____

Are you fluent in **any other languages**? YES NO

If yes, which one(s) ? _____

Please provide any additional information such as **Special Skills, Training, Management Experience, Equipment Operation, Networking, Web Design or Other Qualifications** you feel will be helpful to us in considering your application.

Please list **five (5)** separate **adjectives** that **best** describe you. (Examples: funny, efficient, friendly, etc.)

How did you **hear** about **our company**? _____

Activities & Interests (hobbies, etc):

DATE AVAILABLE* _____

***IT IS THE RESPONSIBILITY OF THE APPLICANT TO INFORM SEA IF YOU INTEND TO REQUEST TIME OFF DURING YOUR FIRST YEAR OF EMPLOYMENT. THIS SHOULD BE DONE AT THE TIME YOU ARE INVITED TO INTERVIEW.**

APPLICANT'S CERTIFICATION, AUTHORIZATION, WAIVER AND ACKNOWLEDGEMENT

If employed, I understand that if I need an accommodation for a handicap under Michigan Handicappers Civil Rights Act (ACT). I must notify Community Automotive, Inc. (C.A.R.) in writing of my need for an accommodation within 182 days after I know or should have known that I need that accommodation, and my failure to provide that notice will prevent me from claiming that my employer failed to accommodate my handicap under the ACT. This requirement does not waive an individual's rights under the Americans with Disabilities Act.

If employed, I understand that you may require a motor vehicle record report and authorize you to obtain said report. I understand that you reserve the right to require drug screening tests at any time during employment. I further understand that the use of this form does not indicate that there are any positions open and does not in any way obligate this company to provide employment.

I understand, and agree, that if I am hired by C.A.R., unless specifically set forth in writing to the contrary and signed by the company and myself, my employment will be for no definite period, and may regardless of the date of payment of my wages or salary, be terminated at any time for any reason or no reason at the will of C.A.R. without any previous notice. In consideration of C.A.R.'s review of my application, I agree that any claim or lawsuit arising out of my employment with the company or my application for employment with the company, must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims arising out of an employment action may be longer than six (6) months, I agree to be bound by the six (6) month period of limitations set forth herein, and **I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY**, unless state, federal or local law prohibits a waiver of said statute of limitations.

This application is not an employment contract, nor an agreement to interview, and I understand that any employment can be terminated at any time, for any cause, without notice. I further understand that no person other than the president of C.A.R. has the authority to enter into an employment agreement with me, or make any guarantee as to the length, terms, or conditions of any such employment. I certify that to the best of my knowledge all of the information contained in this application is correct. I also authorize the investigation of all statements contained in this application, and I understand that any misrepresentation, falsification, or omission of facts from this application, will be cause for immediate dismissal.

I authorize investigation of all statements contained in this application for any employment related purpose. I realize the listed references and all previous employers may provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.

Signature

Date of Application

Printed name