



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Are you over 18 years of age? YES NO How did you learn of the position you are seeking? _____
Are you willing to work overtime? YES NO
Are you interested in FT PT Temp

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

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 NO

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 NO

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 NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that all information submitted in this application form, or in any resume or interview or any other information is true and complete and that I have not knowingly withheld any information that would affect my application for employment. I understand that employer is under no obligation to consider or reconsider this application at any time, and that acceptance of my application does not constitute as an offer of employment. I also understand and agree that:

1. Inquiries may be made with my previous employers and others who may have knowledge of me or with consumer credit, investigative of other private or governmental agencies. I authorize any such person at agency to give any and all information concerning my previous employment including but not limited to an assessment of my job performance, ability and fitness, and/or any other information that they may have, personal or otherwise, and release all parties from any and all liability, claims, or damages that may directly or indirectly result from furnishing same.
2. Prior to beginning work or during my employment, employer reserves the right to require any lawful form of medical, drug, alcohol, psychological aptitude, skill or other test or examination.

If employed, I understand and agree that my employment is "at-will" and may be terminated with or without cause or notice at my option or at the option of my employer.

Signature: _____ Date: _____

QUIRK AUTO GROUP
FEDERAL DRIVER PRIVACY PROTECTION ACT
AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD

I, _____
authorize
(Print Name)

QUIRK AUTO GROUP
PO BOX 1386, BANGOR, ME 04402-1386

to obtain my Motor Vehicle Record. I understand that this record may contain personal information including but not limited to child support payments and/or alimony payments as well as information on driver violations and accidents.

(Signature)

(Date)

(Drivers License Number)

(License State)

(Social Security Number)

(Date of Birth)