



Today's Date _____

APPLICATION FOR EMPLOYMENT

Please type or print, and answer all questions.

Zimbrick, Inc. is an equal opportunity employer and does not discriminate on the basis of race, national origin, religion, age, sex, disability or other basis prohibited by applicable local, state or federal fair employment laws or regulations.

Application will remain active for a period of thirty days from the date submitted, and thereafter, you must re-apply if you wish to continue to be considered for employment. Applicants with a disability may request accommodations needed in the application and / or interview process.

PERSONAL INFORMATION

Name _____

Last First Middle

Address _____

Street City State Zip

Phone Number: Day: () _____

Evening: () _____ Are you 18 years or older? Yes No

Are you a U.S. citizen or otherwise currently authorized to obtain lawful employment in this country? Yes No

Are you employed now? Yes No If yes, may we contact your present employer? Yes No

EMPLOYMENT DESIRED

Position _____ Date You Can Start _____ Salary / Wage Rate Desired _____

EDUCATION AND TRAINING

(This information will be used only where relevant and to assist in determining what positions might be appropriate for consideration.)

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				

Describe any other training you consider relevant to the position for which you are applying. _____

List any other skills you have or equipment you can operate. _____

AUTHORIZATION, RELEASE, AND CERTIFICATION

I certify that all information on this application is true, complete, and correct to the best of my knowledge. I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to seek to verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I understand that employment with this employer is not contractual and is at-will. I understand and agree that, if hired, I may voluntarily leave employment at any time, and may be terminated at any time without prior notice for any reason, or for no reason. I understand that any oral or written statements which I may claim to have been made to me now or in the future inconsistent with the provisions of this paragraph, are expressly disavowed and revoked by the company, and should not be relied upon by me as an applicant for employment or as an employee, if hired.

I understand that I may be required to submit to a medical examination if offered a position conditioned on such examination. I also understand that I may be required to submit to testing for controlled substances or other drugs.

I understand this application will be considered inactive after thirty days.

I certify I have read (or have had read to me) and understand this authorization, release, and certification.

Dated _____

Applicant's Name (print or type) _____

Applicant's Signature _____

WORK EXPERIENCE / FORMER EMPLOYERS

Provide complete information. Be specific. Start with your current or most recent job. Include self-employment and military service. For part-time work, show the average number of hours per month. Show any changes in job title for the same employer as a separate position. Attach additional sheets if necessary.

Are you employed now? If so may we inquire of your present employer?

Employer	Street Address	
Your Title	City, State, Zip	
Your Duties	Phone	Name of Supervisor
	Total Time Employed	
	From (Month & Year)	To (Month & Year)
Reason for leaving	Last Rate of Pay	

Employer	Street Address	
Your Title	City, State, Zip	
Your Duties	Phone	Name of Supervisor
	Total Time Employed	
	From (Month & Year)	To (Month & Year)
Reason for leaving	Last Rate of Pay	

Employer	Street Address	
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	Total Time Employed	
	From (Month & Year)	To (Month & Year)
Reason for leaving	Last Rate of Pay	

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Your Title	City, State, Zip	
Your Duties	Phone	Name of Supervisor
	Total Time Employed	
	From (Month & Year)	To (Month & Year)
Reason for leaving	Last Rate of Pay	

REFERENCES (PERSONS NOT RELATED TO YOU)

Name	Address	Telephone Number	Business	Years Acquainted

If the job desired requires the use of a motor vehicle, do you have a valid Wisconsin driver's license? Yes No

If the job desired requires the use of a commercial driver's license, do you have a valid commercial driver's license? Yes No

Have you ever pleaded guilty or no contest or been convicted of a misdemeanor or felony? Yes No

If yes, provide further information as to the offense(s), date, location of court, and so forth. If the job you are applying for requires you to operate a motor vehicle, include traffic convictions. (Zimbrick will consider your record only as it may substantially relate to the job for which you are applying).

Are you willing to travel if the job requires? Yes No

PREVIOUS EMPLOYMENT WITH ZIMBRICK

Have you ever applied to or been employed by any of the Zimbrick Dealerships before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, when? _____	
If employed, what position(s) did you hold? _____	
Who was your supervisor or manager? _____	
Did you resign your employment or was it terminated?	<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated
Former supervisors or managers you had while previously employed by the Company may be contacted to provide additional references.	
For Hiring Manager Only:	
I have contacted the applicant's former supervisor or manager to verify information.	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____
Hiring Manager's Signature	Date

Your application will not be processed unless you have read and signed the Authorization, Release and Certification on page 4.

APPLICANT RELEASE AUTHORIZATION

Company: Zimbrick, Inc.

Position Applying For: _____

(APPLICANT, PLEASE COMPLETE ALL OF THE FOLLOWING)

NAME: (LAST) _____

(FIRST) _____ (MIDDLE) _____

MAIDEN (or other) NAME(S): _____ (yrs) FROM _____ TO _____

_____ (yrs) FROM _____ TO _____

DL#: _____ STATE: _____ EXP DATE: _____

SOCIAL SECURITY #: _____

In consideration of and connection with my application for employment (including contract for services, if applicable) and as a consideration of continuing employment, I understand that an investigative background inquiry will be performed on myself, including, but not limited to, criminal record history, civil records history, driving record history, employment history and other such reports that may exhibit information on my character, work habits, performance, education and experience, along with reasons for termination of employment from previous employers, where such information exists. Information will be researched and reported in accordance with the Fair Credit Reporting Act to the extent it is applicable.

I hereby authorize, without reservation, the above named company and the directors, officers, employees, and agents of the foregoing, and any party or agency contracted by above named company and their directors, officers, employees, and agents, as a condition precedent to employment or as a condition of continuing employment, to contact any of my previous employers or to contact schools, companies, consumer reporting agencies, law enforcement agencies, government agencies, persons, educational institutions and any other pertinent parties to supply any information concerning my background and to furnish the above listed information and to release and hold harmless all parties involved from any liability and responsibility for doing so. I further agree to hold harmless all parties involved for any errors and/or omissions with regard to information reported. This authorization and consent shall be valid in original, fax or copy form. I believe to the best of my knowledge that all the information I have provided is accurate, true and correct. I have read and fully understand all of the terms of this release. I understand and agree that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.

APPLICANT'S

SIGNATURE: _____ DATE: _____

CURRENT ADDRESS: (Street # & Street Name) _____

(City, State & Zip) _____

(Years lived at this address) _____ Yrs. of occupancy: from _____ to _____

HOME PHONE: _____ CELL PHONE: _____

PREVIOUS ADDRESS(ES) (Last 7 yrs): (Include Street name, City, State, & Zip code)

1) _____ Yrs. of occupancy: from _____ to _____

2) _____ Yrs. of occupancy: from _____ to _____

3) _____ Yrs. of occupancy: from _____ to _____

4) _____ Yrs. of occupancy: from _____ to _____

5) _____ Yrs. of occupancy: from _____ to _____