

JIT Toyota-Lift EMPLOYMENT APPLICATION

APPLICANT NOTE: This application is intended for use in evaluating your qualifications for employment. This is not an employment contract. All questions must be answered completely and accurately. False information, omissions or misrepresentations of facts on this form are grounds for terminating the application process or, if discovered after employment, grounds for termination of employment. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. You must be able to produce applicable documents proving that you are a United States citizen or alien lawfully authorized to work in the United States in accordance with the Immigration Reform and Control Act of 1986.

APPLICANT INSTRUCTIONS

1. If you need help filling out this application form, notify the person who gave the form to you and every effort will be made to accommodate your needs in a reasonable amount of time.
2. Follow the instructions for each section of the application form
3. Print clearly and complete the entire form; incomplete or illegible applications will not be processed.
4. If you do not know or do not have with you any information this form requires, you may request a telephone directory, or take the form with you and bring it back after it is completed.
5. After completing the application, read the certification on the last page of the form carefully and if you understand and agree with the statements, sign and date it.

PERSONAL INFORMATION

Last Name	First Name	Middle Name	Maiden / AKA
Address		City	State Zip Code
- -	()		()
Social Security Number	Home Telephone Number		Pager / Cell Phone Number

Position you are applying for	Salary range desired	Date available to start work
HOW DID YOU FIND OUT ABOUT THIS JOB OPENING? _____		

EDUCATION

	High School	Undergraduate/ College/University	Graduate/ Professional	Military Schooling
School Name and Location				
Dates of Attendance				
Diploma / Degree				
Major / Minor				

Are you currently attending school? Yes or No (Circle one)
If YES, please list name of school and anticipated year of graduation:

State any additional information you feel may be helpful to us in considering your application (Honors, Awards, Specialized Training, Apprenticeship Skills, and Professional Associations):

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Last Name	First Name	Middle	Social Security Number

EMPLOYMENT HISTORY

THIS ENTIRE SECTION MUST BE COMPLETED. LIST ALL PERIODS OF EMPLOYMENT AND / OR UNEMPLOYMENT SINCE YOUR FIRST REGULAR FULL TIME JOB IN REVERSE ORDER BEGINNING WITH YOUR MOST RECENT EXPERIENCE:

COMPANY NAME	DATE STARTED (MO & YR)	<u>BASE PAY RATE ONLY</u>
COMPANY ADDRESS	DATE ENDED (MO & YR)	START:
CITY, STATE, ZIP	JOB TITLE	END:
		OTHER COMPENSATION (BONUS, OVERTIME, ETC.)
Duties and responsibilities (duties may be elaborated on a supplemental sheet.) Note if you were part-time or temporary		
SUPERVISOR'S NAME AND TITLE	PHONE NUMBER	EXPLAIN REASON FOR LEAVING: RESIGNED: _____ LAID OFF: _____ DISCHARGED: _____ OTHER: _____

COMPANY NAME	DATE STARTED (MO & YR)	<u>BASE PAY RATE ONLY</u>
COMPANY ADDRESS	DATE ENDED (MO & YR)	START:
CITY, STATE, ZIP	JOB TITLE	END:
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CITY, STATE, ZIP	JOB TITLE	OTHER COMPENSATION (BONUS, OVERTIME, ETC.)
Duties and responsibilities (duties may be elaborated on a supplemental sheet.) Note if you were part-time or temporary		
SUPERVISOR'S NAME AND TITLE	PHONE NUMBER	EXPLAIN REASON FOR LEAVING: RESIGNED: _____ LAID OFF: _____ DISCHARGED: _____ OTHER: _____

ADDITIONAL WORK EXPERIENCE					
DATES (MONTH & YEAR) FROM TO		COMPANY NAME AND ADDRESS CITY, STATE, ZIP & PHONE NUMBER	BASE PAY RATE ONLY		REASON FOR LEAVING
			START	END	

PROFESSIONAL REFERENCES			
Provide 4 (Four) names of Supervisors, Managers, Associates, Clients, etc. (<u>Not</u> Relatives) that we may contact, who have knowledge of your employment / educational background and character.			
Name and Title	Address	Phone Number	Years Acquainted

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle	Social Security Number

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. If JIT Toyota-Lift offers me employment and I accept that offer, I understand and agree that my employment is at-will, except as required by an applicable collective bargaining contract or written agreement, and therefore, my employment, benefits and compensation can terminate, with or without cause for any legal reason, and with or without notice, at any time, at my option or JIT Toyota-Lift's option. I further understand and agree that this at-will employment relationship as defined above will remain in effect throughout my employment with JIT Toyota-Lift unless it is modified by a collective bargaining contract or a specific, express written employment contract which is signed by an authorized officer of JIT Toyota-Lift and myself.

I HAVE READ COMPLETELY AND UNDERSTAND THE ABOVE STATEMENT

Applicant

Date