



**Prestige Automotive Group**  
**Mercedes-Benz of St. Clair Shores**  
**Prestige Cadillac**

## **Employment Application**

### **We are an equal opportunity employer APPLICANTS STATEMENT**

I understand that if I am hired, my employment will be for an unspecified period, regardless of the period of the payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has the authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and /or medical examination to the extent permitted by law.

I authorize the Company to investigate my driving record, my criminal record and my credit history, and I understand that an investigative consumer report may be prepared whereby information is obtained through personal interviews with persons with whom I am acquainted. This inquiry would include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information. If any such information that I have provided is later found to be false and misleading in any respect, I may be dismissed with cause and the Company will be held harmless.

**Do not sign until you have read and fully understand this statement.**

Full Name: \_\_\_\_\_  
*Last First M.I.*

Date: \_\_\_\_\_

Social Security Number : \_\_\_\_\_

## Applicant Information

Current  
Address:

\_\_\_\_\_  
*Street Address/ City / State/Zip*

How long  
have you  
lived  
here?

\_\_\_\_\_  
*Years / Months*

Previous  
Address:

\_\_\_\_\_  
*Street Address/ City / State/Zip*

How long  
have you  
lived  
here?

\_\_\_\_\_  
*Years / Months*

Phone:

Email

Date Available:

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 yes, when?

Do you have any friends or relatives  
working here?

YES NO

If yes, who?

How would you get to and from work?

Have you ever pled guilty or "no contest"  
to a crime or been convicted of a crime?

YES NO

If yes,  
explain:

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Extracurricular  
Activities: \_\_\_\_\_

Job related  
skills  
developed: \_\_\_\_\_

## 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/

### Certificate of Receipt of Disclosure and Authorization to Obtain a Consumer Report

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

*I acknowledge that I have received a copy of the Disclosure of Intent to Obtain a Consumer Report.*

*I understand that I have the right to dispute with the consumer reporting agency any inaccurate information by directly contacting the agency.*

*I voluntarily authorize you to obtain a consumer report regarding me in connection with my application for employment or my employment. I also voluntarily authorize the company insurance agency ( Federated Insurance) to obtain a consumer report regarding me for business insurance underwriting purposes. I understand that Federated Insurance is not my employer or my prospective employer.*

*I understand and agree that I can revoke the authorization only in writing and the revocation will be effective only upon receipt.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print  
Name: \_\_\_\_\_

Maiden or Other  
Names on  
Record: \_\_\_\_\_

Driver's  
License  
No: \_\_\_\_\_

Date  
of  
Birth: \_\_\_\_\_