



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

YES NO

If no, are you authorized to work in the U.S.?

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: _____

YES NO

May we contact your previous supervisor for a reference?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

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: _____