



APPLICATION FOR EMPLOYMENT

PERSONAL (Please Print)

Date _____

Name _____ Social Security No. _____
 Last First Middle

Street Address _____ Telephone Number _____
 Street City Zip

In case of an emergency please contact: _____
 Name Phone Number

How did you hear about Bergstrom opportunities? _____ Newspaper which one? _____

_____ Bergstrom Website _____ Television _____ Radio _____ Job Fair _____ School

_____ Friend _____ Other: _____

_____ Employee Referral: Name of employee _____ Dealership _____

Were you previously employed by Bergstrom Automotive? _____ If yes, when/where? _____

Position applying for? _____ Desired Salary _____

Which Dealership/City interested in? _____

Type of employment desired? _____ Permanent (full-time) _____ Temporary (full-time)

_____ Permanent (part-time) _____ Temporary (part-time)

Are you legally eligible for employment in the U.S.? _____ Yes _____ No (If yes, verification will be required)

Do you have a valid driver's license? _____ Yes _____ No Are you of legal age to work? _____ Yes _____ No

Have you ever been convicted of a felony*? _____ If yes, for what have you been convicted, when, and where?

* The existence of a criminal record will not automatically disqualify you from the job for which you are applying.

EDUCATION

School	Name Of School	Course of Study	Last Year Completed	Did you Graduate	Diploma/Degree
High			1 2 3 4	____ Yes ____ No	
College			1 2 3 4	____ Yes ____ No	
Other (Specify)			1 2 3 4	____ Yes ____ No	

Bergstrom Automotive is an Equal Opportunity Employer. Bergstrom Automotive does not discriminate against applicants or employees on the basis of race, color, sex, religion, national origin, veteran status, handicap, or other protected classification. This policy of nondiscrimination extends to all terms, conditions and privileges of employment and to all personnel actions.

EMPLOYMENT

1	Company:	From Month/Yr	To Month/Yr	Supervisor *
Address:				
Title and Duties:				
Reason for Leaving:		Starting Salary	Ending Salary	

* May we contact your supervisor for a reference? ___ Yes ___ No Phone Number: _____

2	Company:	From Month/Yr	To Month/Yr	Supervisor *
Address:				
Title and Duties:				
Reason for Leaving:		Starting Salary	Ending Salary	

* May we contact your supervisor for a reference? ___ Yes ___ No Phone Number: _____

3	Company:	From Month/Yr	To Month/Yr	Supervisor *
Address:				
Title and Duties:				
Reason for Leaving:		Starting Salary	Ending Salary	

* May we contact your supervisor for a reference? ___ Yes ___ No Phone Number: _____

4	Company:	From Month/Yr	To Month/Yr	Supervisor *
Address:				
Title and Duties:				
Reason for Leaving:		Starting Salary	Ending Salary	

* May we contact your supervisor for a reference? ___ Yes ___ No Phone Number: _____

Account for all periods of unemployment up to present of a one-month duration or more since you left school.

SKILLS/QUALIFICATIONS

Are there any other experiences, skills, or qualifications which you feel would especially qualify you for work at Bergstrom Automotive? (ex: computer experience, sales experience, technician certifications,...)

Why do you want to work for Bergstrom Automotive? _____

Explain how you would achieve customer service: _____

REFERENCES

Business/Professional References (Not Relatives)

Name, Occupation and Business	Address	Phone Number

Personal References (Not Relatives)

Name and Occupation	Address	Phone Number

APPLICANT'S STATEMENT

Please read before signing

If you have any questions regarding the following statement, please ask before signing.

By signing my name below, I certify that all statements made on this application are true and complete to the best of my knowledge. I have not withheld any information requested on this form.

I authorize Bergstrom Automotive to contact each of my employers, except those indicated, as well as schools and law enforcement agencies to obtain information needed to consider me for employment. I understand that misrepresentation or omission of this information can affect the outcome of the decision to be hired or cause termination of employment.

I understand that applications are only accepted for positions posted as open, by Bergstrom Automotive, at the time of application. Applications are not kept on file. This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time*.

I hereby understand and acknowledge that nothing contained in this employment application or the granting of an interview is intended to create an employment contract between Bergstrom Automotive and myself for either employment or the promise of any benefit. No promises regarding continued employment have been made to me. I understand that such promises or guarantees from Bergstrom Automotive are not binding unless in writing.

Applicant's Signature

Date

Please read, complete, sign, and date the following statement only if you are applying for a position that requires driving, indicating it is a job requirement for the position you are applying for.

I give my permission for verification of my driver's license record, which I accept as a condition of employment.

Driver's License # _____

Driver's Expiration Date _____ State _____

Signature _____ Date _____

For Office Use Only

Applicant's Name Printed _____ Position _____

Dealership Name _____ Contact _____

Fax Number _____ Phone Number _____

Please make sure this section is completed before sending in information for Drivers License Verification.

* Application refers to any written form of submission for a posted position.