



EMPLOYMENT APPLICATION

In order to be considered, this application must be filled out in its entirety. Accurate information is a must. Procter Automotive is an Equal Opportunity Employer.

I. GENERAL INFORMATION

Name:			Telephone Number:		
<div></div>			<div></div>		
Last	First	MI			
Present Address:					
<div></div>		<div></div>	<div></div>	<div></div>	<div></div>
Number	Street Name	Apt. #	City	State	Zip Code
Do you have reliable means of getting to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:					
<div></div>					
Have you ever worked for Procter Automotive before? <input type="checkbox"/> Yes <input type="checkbox"/> No When: <div></div>					
Position: <div></div>			Supervisor: <div></div>		
Do you have friends or relatives working at Procter Automotive? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, Name/Relationship: <div></div>					

II. EMPLOYMENT PREFERENCE

Position applied for:	<div></div>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	Can Begin:	<div></div>
How many hours per week do you want to work?	<div></div>	How did you learn about us?			
		<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Radio/TV Ad	<input type="checkbox"/> Friend <input type="checkbox"/> Other

III. EDUCATION, SKILL AND EXPERIENCE

	High School	Trade School	College
School Name	<div></div>	<div></div>	<div></div>
School Address	<div></div>	<div></div>	<div></div>
Diploma/Degree	<div></div>	<div></div>	<div></div>

Please list any special skills, qualifications, training, certifications or other expertise that you feel warrant consideration:

US Military History: (Upon employment, you will need to furnish a copy of you DD214.)

Branch of Service:	Date Entered:	Date Discharged:	Type of Discharge:
<div></div>	<div></div>	<div></div>	<div></div>
Initial Rank:	Final Rank:	Are you a member of the Active Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<div></div>	<div></div>	Obligations: <div></div>	



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IV. EMPLOYMENT RECORD

Name of present or last employer: Phone Number: Address: City: State:

Starting Date: Last Day Worked: Starting Salary: Ending Salary: Job Title: Name of Supervisor:

Type of Job: ☐ Full Time ☐ Part Time Job Description & Responsibilities:

Were you fired? Reason for Leaving: (Explain the reason for you changing or wanting to change jobs.)
☐ Yes ☐ No

May we contact this employer? ☐ Yes ☐ No Will they say whether or not you are re-hirable? ☐ Yes ☐ No
If No, why? If No, why?

Name of next previous employer: Phone Number: Address: City: State:

Starting Date: Last Day Worked: Starting Salary: Ending Salary: Job Title: Name of Supervisor:

Type of Job: ☐ Full Time ☐ Part Time Job Description & Responsibilities:

Were you fired? Reason for Leaving: (Explain the reason for you changing or wanting to change jobs.)
☐ Yes ☐ No

May we contact this employer? ☐ Yes ☐ No Will they say whether or not you are re-hirable? ☐ Yes ☐ No
If No, why? If No, why?

Name of next previous employer: Phone Number: Address: City: State:

Starting Date: Last Day Worked: Starting Salary: Ending Salary: Job Title: Name of Supervisor:

Type of Job: ☐ Full Time ☐ Part Time Job Description & Responsibilities:

Were you fired? Reason for Leaving: (Explain the reason for you changing or wanting to change jobs.)
☐ Yes ☐ No

May we contact this employer? ☐ Yes ☐ No Will they say whether or not you are re-hirable? ☐ Yes ☐ No
If No, why? If No, why?

Name of next previous employer: Phone Number: Address: City: State:

Starting Date: Last Day Worked: Starting Salary: Ending Salary: Job Title: Name of Supervisor:

Type of Job: ☐ Full Time ☐ Part Time Job Description & Responsibilities:

Were you fired? Reason for Leaving: (Explain the reason for you changing or wanting to change jobs.)
☐ Yes ☐ No

May we contact this employer? ☐ Yes ☐ No Will they say whether or not you are re-hirable? ☐ Yes ☐ No
If No, why? If No, why?



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IV. EMPLOYMENT RECORD (Continued)

Please explain fully any time gaps in your employment history:

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V. PERSONAL INFORMATION

Name:

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Last First MI

Social Security Number: Date of Birth:

Maiden Name:

	Date name was used: <input type="text"/>
--	--

Other Name Used:

	Date name was used: <input type="text"/>
--	--

Other Name Used:

	Date name was used: <input type="text"/>
--	--

VI. ADDRESS HISTORY

List current address: (Please include county.)

	From:	To:
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Street, City, County, State, Zip Code

Month/Year

Month/Year

List previous addresses: (Please include county.)

From:

To:

--	--	--

Street, City, County, State, Zip Code

Month/Year

Month/Year

--	--	--

Street, City, County, State, Zip Code

Month/Year

Month/Year

VII. SECURITY RECORD

Procter Automotive requires as a condition of continued employment that all of our employees participate in a drug screening within twenty-four (24) hours of employment and in our random drug screen program. A positive result will result in dismissal. I agree to participate in the required and random drug testing program.

☐ Yes ☐ No

Have you ever been convicted of, plead guilty to, or plead no contest to a misdemeanor or a felony, to include deferred adjudication, annulled, expunged, or sealed by a court? If yes, give detail below.

☐ Yes ☐ No

Note: Convictions are not necessarily a bar to employment, however, deception as to their existence or falsification of their exact nature will result in denial of employment or dismissal if employed.

Date:	Violation:	Court Location:



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VII. DRIVING RECORD

Certain jobs within the company require the use of a car or other motorized vehicle. If use of such a vehicle were required on the job for which you are applying:

Do you have a valid drivers licence? ☐ Yes ☐ No Licence No. Expiration Date:

Do you have or can you get liability insurance on such a vehicle? ☐ Yes ☐ No

Insurance company name: Expiration date:

Have you been cited for a speeding or moving violation in the last three years? ☐ Yes ☐ No

Has your drivers licence ever been revoked or suspended? ☐ Yes ☐ No

Have you ever been convicted of, plead guilty to or nolo contendere to a charge of DWI or DUI? ☐ Yes ☐ No

Has your auto insurance ever been canceled or has any company declined to insure you? ☐ Yes ☐ No

If you answered yes to any of the above, please explain by giving details:

Offense	Date	Location	Comments
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IX. APPLICANT STATEMENT AND PRE-EMPLOYMENT BACKGROUND CONSENT AND RELEASE

I understand that Procter Automotive is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring, promotion, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap, disability, or any other category protected by law.

Initials

I authorize Procter Automotive and its representatives to verify all statements contained in this application, as well as: My education, employment experience, driving record, criminal record, credit history, statement made during the interview process and all other aspects of my background relevant to my proposed employment. I understand Procter Automotive may contact the appropriate credit bureau to obtain investigative consumer reports providing information about my credit history. I understand that I have the right to make a written request with a reasonable period of time to receive additional detailed information about the nature and scope of the credit investigation.

Initials

I further understand that Procter Automotive may contact my previous employers and I authorize those employers to disclose to Procter Automotive all records including information pertaining to my performance, social security number, attendance record, date of employment, any legal actions pending, last position held, reason for leaving, job responsibilities, rate of pay, rehire eligibility and other information pertinent to my employment with them. I agree to hold all former employers harmless for any such information as may be released by them. I also authorize Procter Automotive to provide truthful information concerning my employment with Procter Automotive to my future prospective employer(s) and I agree to hold Procter Automotive and its representatives harmless for providing such information.

Initials

If employed, I agree to conform to all company policies and procedures of Procter Automotive, and with all rules and regulations made known at the time of employment or in the future; and to perform all duties assigned to me to the best of my ability. I recognize that my employment is for no definite length of time and my employment and compensation can be terminated at any time, with or without cause, at the option of Procter Automotive or myself.

Initials

This application will be considered active for thirty (30) days from the date below. If I wish to be considered for employment after that time, I understand that I must reapply.

Initials

By signing this application, I certify that I have read and understand all parts of it and certify that I have truthfully and completely answered all questions. I understand that, if employed, false statements on this application or false statements during the interviewing process shall be considered sufficient grounds for dismissal or denial of employment, regardless of when such falsification may be discovered.

Initials

Signature of Applicant

Date