



Motors Ltd.

EMPLOYMENT APPLICATION

Last Name:		First Name:		Initial:	Date of Application:	Date Available:	Expected Pay Rate:
Street Address:		City:	State:	Zip:	Have you worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone:		Cell Phone:	Social Security No.		Positions Applied For:		
				1. _____		2. _____	

IMPORTANT: Any applicant providing unrequested information on this application, or on any attachments or supporting documents, will automatically be disqualified from consideration.

IMPORTANT: Applicants with disabilities may request any reasonable accomodation necessary to complete this application, or to take any test required for the position for which the applicant has applied, by making a request at the time of application of testing.

<p>EQUAL EMPLOYMENT OPPORTUNITY. It is our policy to seek and employ the best qualified personnel and to provide equal opportunity for the advancement of employees and to administer all of our personnel policies in a manner that will not discriminate agains any person because of race, color, religion, age, sex, marital or veteran status, national origin, ancestry, disability, on-the-job injuries, sexual orientation, or any other legally protected status unless it is a bona fide occupational requirement reasonably necessary to the operation of our business.</p>	<p>When are you available to work? (We will attempt to reasonably accommodate employees who require certain hours or days off because of religious beliefs or practices.) - Check shifts and days you can work:</p> <p style="text-align: center;"> <input type="checkbox"/> Days <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday </p>
	<p>If you are hired, are you prepared to present evidence within three days of beginning work showing that you are legally authorised to work in the United States?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

RELATIVES/FRIENDS: Qualified relatives/friends are eligible for employment except in unusual situations where we need to avoid possible conflicts of interest. Do you have any relatives/friends (such as roommates) who currently work for us? Yes No

If yes, state names: _____

QUALIFICATIONS: Please list any education, training and/or specialized experience you feel would help you perform the work which you are applying (such as schools, colleges, degrees, licenses, vocational, technical or military experience, hobbies, etc.):

DEGREES, LICENSES, RELEVANT EDUCATION OR TRAINING:	WHERE DID YOU ACQUIRE IT? (Name/Address of school, program, military branch and specialty, etc)

CRIMINAL RECORD: (A criminal record is not an automatic bar to employment. Factors such as the nature and cravity of the cime, the length of time since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered. Do not list any arrest, charge or detention that did not result in conviction or any arrest, charge detention or conviction that has been judicially expunged, sealed, impounded or eradicated.) Have you ever been CONVICTED, pled GUILTY or NO CONTEST, or FORFEITED BOND OR BAIL for any crime other than traffic violations? Yes No

If yes, give details: _____

DRIVING POSITIONS: (Answer only if driving is an essential function of the job.) Have you ever been CONVICTED, pled GUILTY or NO CONTEST, or FORFEITED BOND OR BAIL for any traffic violations in the past three years?
 Yes No

If yes, give details: _____

EMPLOYMENT EXPERIENCE: Please account for all periods of employment by month/year, included any self-employment and U.S. military service. (Attach another sheet if more space is needed.)

Present or Last Employer	Phone	Hire Date	Date Left	Starting Pay	Final Pay
Address	Supervisor	Job Title/Job Duties		Reason for Leaving	
Present or Last Employer	Phone	Hire Date	Date Left	Starting Pay	Final Pay
Address	Supervisor	Job Title/Job Duties		Reason for Leaving	
Present or Last Employer	Phone	Hire Date	Date Left	Starting Pay	Final Pay
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Address	Supervisor	Job Title/Job Duties		Reason for Leaving	

IN CASE OF EMERGENCY NOTIFY: Name _____ Address _____ Phone _____

VERIFICATION AND SIGNATURE:

- I authorize the investigation of all matters with which the Company deems relevant to my qualifications for employment, including all information given in this application and in any attachments, supporting documents or interviews. I authorize you to request and receive such information and I release from all liability any current or former employees, other entities (schools, etc.), or persons (such as current or former supervisors, coworkers, etc.) supplying it. I also release you from all liability which might result from making the investigation.
- I certify that all of the information given in this application and in my attachments, supporting documents or interviews is (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment, withdrawal of any offer of employment, or immediate termination, regardless of when and how discovered.
- I understand that I may be required to submit to pre- or post-employment physical or other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs and/or alcohol. *Ask to see copies of our applicant and employee alcohol and drug policy if you have any questions*. I agree to such examinations, inquiries and/or testing at the Company's expense. I authorize release of the results to the Company and their use to evaluate my suitability for employment. I also release the Company from all liability arising out of or connected with any examinations, inquiries and/or testing.

4. I understand that I may resign or be terminated, without cause or notice, at any time, unless otherwise stated in a written employment contract. I also understand that P. Speers is the only person who will ever have the authority to agree to any other terms and/or to enter into such contracts, and that all such agreements for other terms of employment or contracts must also be signed by both parties. I also understand that unless otherwise stated in a written employment contract, the Company may change, withdraw and interpret other policies (including wages, hour and working conditions) as it deems appropriate.

5. This application will only be considered active for forty-five (45) days. I understand that if I have not been contacted by the Company within the forty-five (45) days I and that if I still want to be considered for employment, I will need to reapply and complete a new employment application.

6. I understand and agree that if I am hired the statements in these paragraphs will become a binding part of my employment relationship. I have read each of these statements. I have also reviewed all of the information provided in this application and in any attachments supporting documents.

Signature _____ Date _____

Unsigned or incomplete applications will not be processed.