



451 N. Nova Road
Daytona Beach, FL 32114
www.DaytonaToyota.com

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

Position You Are Applying For: _____

Date: _____

Date Available for Work: _____

Desired Salary: _____

How Did You Learn About Us?

Advertisement
 Relative
 Inquiry
 Employment Agency
 Friend
 Other _____

PERSONAL INFORMATION

_____	_____	_____
Last Name	First Name	Middle
_____	_____	_____
Address	City	State / Zip
_____	_____	_____
Telephone Number(s)		Social Security (Voluntary)

Best time to contact you at home is: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment) Yes No

Are you available to work: Full-Time (Indicate 1 2 3 shift) Part-Time (Indicate Mornings, Afternoons, Evenings)

Temporary (Indicate dates available ____/____/____ - ____/____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

PLEASE DO NOT WRITE "SEE RESUME".

Employer: _____ Dates Employed: _____ to _____
Work Phone: _____ Pay Rate: _____
Address: _____
City: _____ State: _____ Zip: _____
Job Title: _____ Supervisor: _____
Work Performed: _____
Reason for Leaving: _____

Employer: _____ Dates Employed: _____ to _____
Work Phone: _____ Pay Rate: _____
Address: _____
City: _____ State: _____ Zip: _____
Job Title: _____ Supervisor: _____
Work Performed: _____
Reason for Leaving: _____

Employer: _____ Dates Employed: _____ to _____
Work Phone: _____ Pay Rate: _____
Address: _____
City: _____ State: _____ Zip: _____
Job Title: _____ Supervisor: _____
Work Performed: _____
Reason for Leaving: _____

Employer: _____ Dates Employed: _____ to _____
Work Phone: _____ Pay Rate: _____
Address: _____
City: _____ State: _____ Zip: _____
Job Title: _____ Supervisor: _____
Work Performed: _____
Reason for Leaving: _____

If you need additional space, please continue on a separate sheet of paper.

EMPLOYMENT (con't)

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experiences.

SPECIALIZED SKILLS (Check Skills / Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production / Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
<input type="checkbox"/> WPM	<input type="checkbox"/> WPM	_____	_____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of this job, for which you are applying, either with or without a reasonable accommodation? YES NO

REFERENCES

1. Name: _____ Phone: _____
Address: _____

2. Name: _____ Phone: _____
Address: _____

3. Name: _____ Phone: _____
Address: _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given to my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer

Date

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____

Name and Title

Date

CONSUMER AUTHORIZATION FORM
READ CAREFULLY BEFORE SIGNING

In connection with your application for employment, understand that consumer reports or investigative consumer reports which may contain public record information may be requested in regards to you which could include criminal records, driving records, education, prior employer verification, employment credit, workers compensation claims and others. These reports could include experience information along with reasons for termination of past employment. Further, understand that information from various Federal, State, local and other agencies which contain your past activities could be requested.

By signing below, you hereby authorize without reservation, any party or agency contacted by this employer and/or its selected agent, Peoplefacs to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports for the duration of your employment with this company. You also agree that a fax or photocopy of this authorization with your signature (electronic or wet) shall be accepted with the same authority as the original.

You hereby authorize and request, without any reservation, any employer, school, police department, division of motor vehicles, consumer reporting agencies, government agency or other persons or agencies having knowledge about you to furnish Peoplefacs and/or its agents with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

You in turn authorize Peoplefacs to return report results to your employer or potential employer who has procured the employment services of Peoplefacs.

Printed name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Drivers License Number: _____ License State: _____ Exp. Date: _____

Professional License Type (if applicable): _____

Professional License #: _____ Professional License State: _____

The following is for identification purposes only to perform the background check:

Social Security Number: _____ - _____ - _____

Date of Birth (MM/DD/YYYY): _____ / _____ / _____

Gender (M or F): _____ Race: _____

Other or Former Names (maiden, AKA, etc.): _____

Signature: _____ Date: _____

COMPLETE BELOW ONLY IF THE APPLICANT HAS LIVED IN ANY OF THE FOLLOWING STATES:

Alaska or Pennsylvania

I, _____, authorize the State of _____ Alaska _____ Pennsylvania to release my driving record to Peoplefacs, Inc. and/or its agent.

Signature: _____ Date: _____

CONSUMER AUTHORIZATION FORM
TO PERMIT THE DISCLOSURE OF INFORMATION
READ CAREFULLY BEFORE SIGNING

In connection with my application for employment or promotion, reassignment, or retention of current employment, I understand that **DAYTONA TOYOTA** ("Employer") may conduct a background investigation and compile a consumer report or investigative consumer report on me. This report may include information as to my character, reputation, mode of living, criminal history, military service, education, academic credentials, qualification, employment history (including job performance, experience, work habits and reason for termination), personal characteristics, credit indebtedness, and motor vehicle driving record. This report may contain information from various public and private sources, including without limitation, corporations, courts and law enforcement agencies at the federal, state or local levels, courts record repositories, credit bureaus, departments of motor vehicles, past or present employers, educational institutions, governmental licensing or registration entities, the military, business or personal references, and other sources required to verify information that I have voluntarily supplied. I understand that I have the right to request additional disclosures as to the nature and scope of the investigative consumer report if processed. Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable laws.

I understand that this report is subject to a federal law, the Fair Credit Reporting Act (FCRA). According to the FCRA, I am entitled to know if employment is denied because of information contained in a consumer report and if employment is denied, I will be notified and provided with the name and address of the consumer reporting agency (also indicated below).

By signing below, I agree to allow and hereby authorize, empower and release from all liability, without reservation, any party person or agency including, without limitation, present and former employers, credit bureaus, educational institutions, corporations, courts and law enforcement agencies at the federal, state or local levels, courts record repositories, departments of motor vehicles, the military and licensing or registrations entities, contacted by Applicant 360 to release information about me, including without limitation, any of the information described above. I agree that fax, photocopy or electronic reproduction of this authorization is to be considered and accepted with the same authority as the original.

Printed Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Driver's License Number: _____ License State: _____ Exp. Date: _____

Professional License #: _____ Professional License State: _____

The following information is for identification purposes only for the purpose of performing the employment screening and will not be used in violation of any class protection laws such as the Equal Employment Opportunity Commission (EEOC), Title VII of the Civil Rights Act of 1964, Equal Pay Act of 1963, the Age Discrimination in Employment Act of 1967 (ADEA) or the Americans with Disabilities Act of 1990 (ADA)

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Gender (M or F): _____ Race: _____

Other or Former Names (maiden, AKA, etc.): _____

These reports will be processed by Applicant 360, 4920 W. Cypress Street #102, Tampa, FL 33607

- California Applicants:** By checking this box, I disclose that I am resident of California and will receive a copy of my investigative consumer report. If checked, a copy of the consumer report will be sent within three (3) days of the employer receiving a copy of the investigative consumer report. I acknowledge that a summary of the consumer rights provisions of California Code Section 1786.22 have been provided to me.
- California Applicants:** By checking this box, I disclose that I am a resident of California and would like a free copy of my Credit report if one is processed by my employer.
- Minnesota or Oklahoma Applicants:** By checking this box, I disclose that I am a resident of MN or Ok and will receive a copy of my consumer report.
- New York Applicants:** By checking this box, I disclose that I am being employed in the state of NY and I acknowledge the receipt of a copy of Article 23-A of the New York Correction Law.

Signature: _____ Date: _____