



Sax Motor Co.

312 West Villard
 Dickinson, ND 58601
 (701) 483-4411

17 South Main
 Bowman, ND 58623
 (701) 523-5222

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE - EQUAL OPPORTUNITY EMPLOYER Date _____

Position Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Salary Desired	Available Date
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WE ARE AN EQUAL OPPORTUNITY EMPLOYER APPLICANT'S STATEMENT

I understand that this application will be given every consideration, but is not a promise of employment.

I understand that if I am hired, my employment will be for no definite period, regardless of the period of 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 authority to modify this relationship or to 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 medical examination, including a drug/alcohol test, prior to employment and at any time during my employment, to the extent permitted by law. I also understand that I may be required to take other tests, such as personality and honesty tests, prior to employment and during my employment.

I hereby state that all the information that I provide on this application and in any interview is true and accurate. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT _____
Signature of Applicant

PERSONAL DATA (Please Print)

LAST NAME	FIRST NAME	MIDDLE INITIAL	CELL PHONE NUMBER	HOME TELEPHONE NUMBER
PRESENT ADDRESS				
CITY	STATE	ZIP	HOW LONG HAVE YOU LIVED AT THIS ADDRESS?	
PREVIOUS ADDRESS (IF LESS THAN 5 YEARS)				
CITY	STATE	ZIP	HOW LONG HAVE YOU LIVED AT THIS ADDRESS?	
WHO REFERRED YOU TO THIS COMPANY?				
<input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> FRIEND <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER (DESCRIBE) _____				

Are you 18 years of age or older? Yes No

Have you ever worked for this Company before? Yes No If yes, please give dates and position: _____

Do you have any friends or relatives working here? Yes No If Yes, Name: _____ Relationship: _____

Do you have means of transportation that will allow you to consistently arrive at work on time? Yes No

If a driver's license is required for a SPECIFIC position for _____
 which you are applying, do you have a valid driver's license? Yes No License No. _____ State Issued _____ Exp. Date _____

Have you been found guilty of a traffic violation within the last five years? Yes No If yes, please give dates and details: _____

Have you ever been convicted of a crime? Yes No If yes, give date and details of each: _____

NOTE: Answering "yes" to this question does not constitute an automatic bar to employment.

Employment History

Please list the names of your previous employers in chronological order with present or last employers listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Employer	Employment		Your Title or Position	Reason for Leaving
	From (Mo/Yr)	To (Mo/Yr)		
Address				
City, State, Zip Code	Pay		Name of Last Supervisor	
	Starting	Current		
Telephone ()	\$	\$		

Employer	Employment		Your Title or Position	Reason for Leaving
	From (Mo/Yr)	To (Mo/Yr)		
Address				
City, State, Zip Code	Pay		Name of Last Supervisor	
	Starting	Ending		
Telephone ()	\$	\$		

Employer	Employment		Your Title or Position	Reason for Leaving
	From (Mo/Yr)	To (Mo/Yr)		
Address				
City, State, Zip Code	Pay		Name of Last Supervisor	
	Starting	Ending		
Telephone ()	\$	\$		

Employer	Employment		Your Title or Position	Reason for Leaving
	From (Mo/Yr)	To (Mo/Yr)		
Address				
City, State, Zip Code	Pay		Name of Last Supervisor	
	Starting	Ending		
Telephone ()	\$	\$		

Employer	Employment		Your Title or Position	Reason for Leaving
	From (Mo/Yr)	To (Mo/Yr)		
Address				
City, State, Zip Code	Pay		Name of Last Supervisor	
	Starting	Ending		
Telephone ()	\$	\$		

Have you ever been terminated or asked to resign from any job? Yes No If yes, please explain the circumstances: _____

Please explain fully any gaps in your employment history: _____

May we contact your current employer? Yes No If no, please explain: _____

Educational Background

	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed:	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study or Major				
Describe Specialized Training, Military Experience, Special Skills and Extracurricular Activities, Honors and Awards				

GENERAL INFORMATION (For additional information use a separate sheet)

List all computer programs in which you are proficient: _____

Are you available to work on weekends or evenings if necessary? Yes No

Are you willing to work overtime if required? Yes No

Will you require any special adaptations to perform for the position for which you are applying? Yes No

Have you failed a pre-employment drug screen or been convicted for the use or sale of drugs within the last TWO years? Yes No

Additional comments concerning above information: _____

Emergency Information

In case of an accident or other emergency, who should we contact?

Name: _____ Relationship: _____

Home Address: _____ Phone: _____
Street City State Zip

Alternate Phone: _____ Type of Phone _____ Employer: _____

CHARACTER REFERENCES

Please list all persons who know you well - Not previous employers or relatives

Name	Occupation	Address	Phone Number	Years Known

ADDITIONAL INFORMATION - Please indicate where you have actual experiences in any of the following positions:

- | | | | |
|---|---|--|--|
| OFFICE
<input type="checkbox"/> Office Manager
<input type="checkbox"/> Bookkeeper
<input type="checkbox"/> Accounts Receivable
<input type="checkbox"/> Accounts Payable
<input type="checkbox"/> Payroll Clerk
<input type="checkbox"/> Tag/Title Clerk
<input type="checkbox"/> Warranty Clerk
<input type="checkbox"/> Data Entry
<input type="checkbox"/> Cashier
<input type="checkbox"/> Receptionist
<input type="checkbox"/> Other _____ | SALES / LEASING
<input type="checkbox"/> Sales Manager
<input type="checkbox"/> Sales Person (New Car)
<input type="checkbox"/> Sales Person (Used Car)
<input type="checkbox"/> Sales Person (Truck)
<input type="checkbox"/> F & I Manager
<input type="checkbox"/> Leasing Manager
<input type="checkbox"/> Fleet Manager
<input type="checkbox"/> Truck Manager
<input type="checkbox"/> Used Car Manager
<input type="checkbox"/> Rentals
<input type="checkbox"/> Other _____ | SERVICE & REPAIR
<input type="checkbox"/> Service Manager
<input type="checkbox"/> Service Writer/Advisor
<input type="checkbox"/> Dispatcher
<input type="checkbox"/> Shop Foreman
<input type="checkbox"/> Mechanic/Technician
<input type="checkbox"/> Electrician
<input type="checkbox"/> Helper
<input type="checkbox"/> Painter
<input type="checkbox"/> Body Repair
<input type="checkbox"/> Make Ready
<input type="checkbox"/> Other _____ | PARTS
<input type="checkbox"/> Parts Manager
<input type="checkbox"/> Parts Counter
<input type="checkbox"/> Parts Stocker
<input type="checkbox"/> Parts Driver
<input type="checkbox"/> Other
OTHER
<input type="checkbox"/> Machinist
<input type="checkbox"/> Porter/Janitor
<input type="checkbox"/> Security
<input type="checkbox"/> Driver/Messenger
<input type="checkbox"/> Maintenance |
|---|---|--|--|

DO NOT WRITE IN THIS SPACE - FOR INTERVIEWER'S USE ONLY

Interviewed By: _____			Department: _____			Date: _____		
Comments: _____								
DATE HIRED			FOR POSITION			FOR DEPARTMENT		
STARTING WAGES					SUPERVISOR TO REPORT TO			

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Date

Signature of Applicant