



## 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 ( )	\$	\$		

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	From (Mo/Yr)	To (Mo/Yr)		
Address				
City, State, Zip Code	Pay		Name of Last Supervisor	
	Starting	Ending		
Telephone ( )	\$	\$		

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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: \_\_\_\_\_

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## 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:

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