



**AUTOMOBILE ACCEPTANCE CORPORATION
APPLICATION FOR EMPLOYMENT**

*An Equal Opportunity Employer
(Valid for only 90 days)*

Please answer all questions. Provide only the information requested. Failure to do so will result in disqualification of your application. Resumes are not accepted in lieu of completion of this application. Note: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions.

Last Name (Please Print) First Middle I. Social Security Number Today's Date

Present Address: Street City/State Zip Code Telephone Number

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? Yes No

Have you ever been convicted of a crime? Yes No If Yes, give dates and explain. (Attach separate paper if necessary.) An affirmative answer will not necessarily preclude employment; however, a false answer will preclude employment.

Are you over 18 years of age? Yes No Are you subject to the provisions of an employment non-compete agreement, covenant not to compete, employment contract, or any other contract or agreement that would limit your employment functions? Yes No

EDUCATIONAL DATA

School	Print Name, Number and Street, City, State, and Zip Code for each School	No. of Yrs. Completed	Degree	Major Course of Study
High School				
College				
Graduate School				
Trade or other school				
Other				

Other Skills: List any other job-related skills or qualifications that support your application.

EMPLOYMENT EXPERIENCE

ALL FORMER JOBS (List most recent job first.) Account for all time periods including unemployment, self-employment and military service. (Attach separate paper(s) if necessary.)

Employer	Dates Employed (From/To)	Work Performed
Address		
Job Title	Hourly Rate/Salary (Starting/Final)	
Immediate Supervisor	Telephone No. ()	
Reason for Leaving		

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APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the Employer from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or employee policies, conformity to our work rules, job performance, etc. Of course, employees may elect to leave on their own accord to seek other jobs.

I understand that my employment with the Employer is for no specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between me and the Employer.

The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its Chief Executive Office, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

DRUG FREE WORKPLACE STATEMENT

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the Employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to blood tests or urinalysis screening for drug or alcohol use.

This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply.

By signing below, I authorize Automobile Acceptance Corp. to engage an investigative consumer reporting agency to report on my credit and personal history.

Signature _____ Date _____

U.S. Equal Employment Opportunity/Affirmative Action Information

Individuals seeking employment are considered without regards to race, color, religion, national origin, age, sex, marital status, ancestry, physical or mental disability, veteran status, or sexual orientation / identity. Automobile Acceptance Corporation is an Equal Opportunity Employer and Drug Free Workplace.