

DEALERSHIP NAME

LOCATION

## APPLICATION FOR EMPLOYMENT

Full time

Part time

Position desired \_\_\_\_\_

Date \_\_\_\_\_

Type of work desired 1. \_\_\_\_\_ 2. \_\_\_\_\_

Available to start work \_\_\_\_\_

Date

## WE ARE AN EQUAL OPPORTUNITY EMPLOYER

### APPLICANT'S STATEMENT

I understand that this application will be given every consideration, but it 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 the 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 may investigate my driving record. I further understand that the Company may contact my previous employers and references. I authorize those employers and references to disclose all pertinent information and records to the Company.

I hereby state that all of 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 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

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Print) Last Name First Middle

Present Address \_\_\_\_\_ How long have you lived there? \_\_\_\_\_  
Street and Number City State Zip Years/Months

Previous Address \_\_\_\_\_ How long have you lived there? \_\_\_\_\_  
Street and Number City State Zip Years/Months

Telephone No. \_\_\_\_\_

## PERSONAL DATA (CONTINUED)

Have you ever worked for this company before?  Yes  No If yes, please give dates and position: \_\_\_\_\_

Are you at least 18 years of age?  Yes  No

How would you get to and from work? \_\_\_\_\_

Do you have a valid driver's license?  Yes  No \_\_\_\_\_  
 License No. State Expiration Date

Have you been cited for a traffic violation of any kind within the last FIVE years?  Yes  No

If yes, please give date and details: \_\_\_\_\_

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime?  Yes  No

If yes, please give date and details: \_\_\_\_\_

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

## EDUCATION

	Elementary					High				College/University				Graduate/Professional			
School Name																	
Years Completed: (Circle)	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, Skills, and Extra-Curricular Activities																	

### TO BE COMPLETED BY APPLICANTS FOR CLERICAL OR ADMINISTRATIVE POSITIONS

Do you type?  Yes  No If yes, how many words per minute? \_\_\_\_\_

Do you take shorthand?  Yes  No If yes, how many words per minute? \_\_\_\_\_

Business machine experience: \_\_\_\_\_  
 \_\_\_\_\_

Bookkeeping experience: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been bonded?  Yes  No Name of bonding company: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been refused bonding?  Yes  No If yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_

# RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your previous employers in chronological order with present employer listed first. Be sure to account for all periods of time including any period of unemployment. If self-employed, give firm and supply business references. **IMPORTANT:** Omit dates of employment for jobs held more than 5 years ago.

Name of present or last Employer	<b>Employed</b>	<b>Pay</b>	<b>Your Title or Position</b>	<b>Reason for Leaving</b>
	From (mo./yr.)	Start \$		
Address				
City, State, Zip Code	to (mo./yr.)	Final \$	Name of Last Supervisor	
Telephone				
Name of present or last Employer	<b>Employed</b>	<b>Pay</b>	<b>Your Title or Position</b>	<b>Reason for Leaving</b>
	From (mo./yr.)	Start \$		
Address				
City, State, Zip Code	to (mo./yr.)	Final \$	Name of Last Supervisor	
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	From (mo./yr.)	Start \$		
Address				
City, State, Zip Code	to (mo./yr.)	Final \$	Name of Last Supervisor	
Telephone				

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

Please explain fully any gaps in your employment history: \_\_\_\_\_

Have you ever been unemployed for longer that 6 months?  Yes  No If yes, please explain: \_\_\_\_\_

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

## REFERENCES

Please list persons who know you well. Do not list previous employers or relatives.  
All persons listed must have known you for at least 2 years.

Name	Occupation	Address (Street, City and State)	Telephone Number

## ADDITIONAL INFORMATION - Please indicate any actual experience you have in any of the following positions:

### OFFICE

- Office Manager
- Bookkeeper
- Accounts Receivable
- Accounts Payable
- Payroll Clerk
- Tag/Title Clerk
- Warranty Clerk
- Data Entry
- Cashier

### SALES/LEASING

- Sales Manager
- Sales Person (New Car)
- Sales Person (Used Car)
- Sales Person (Truck)
- Leasing Manager
- Fleet Manager
- Truck Manager
- Used Car Manager

### SERVICE AND REPAIR

- Service Manager
- Service Writer/Advisor
- Dispatcher
- Shop Foreman
- Mechanic/Technician
- Electrician
- Helper
- Painter
- Body Repair
- Get Ready

### PARTS

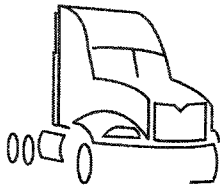
- Parts Manager
- Parts Counter
- Parts Stocker
- Parts Driver

**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



**Corporate Headquarters**

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Fax 507-288-1393  
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**NUSS TRUCK GROUP**

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**TO: APPLICANTS**

**SUBJECT: Data for Use in Affirmative Action Reporting**

As a government contractor, NUSS TRUCK GROUP INC. is responsible for analyzing and reporting personnel activities as they relate to our applicant population. Analysis of required reports includes a statistical accounting of our applicant population with regard to sex and race/ethnic identification. We request that you assist us in this process by completing the information below.

**NAME:** \_\_\_\_\_

**SEX:** Male \_\_\_\_\_ Female \_\_\_\_\_

**RACE/ETHNIC IDENTIFICATION:**

\_\_\_\_\_ **Black (Not of Hispanic origin)** – All persons having origins in any of the black racial groups of Africa

\_\_\_\_\_ **Asian or Pacific Islander** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example: China, Japan, Korea, the Philippine Islands, and Samoa.

\_\_\_\_\_ **American Indian or Alaska Native** – All person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

\_\_\_\_\_ **Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. Includes those with Hispanic surnames.

\_\_\_\_\_ **White (Not of Hispanic origin)** – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East

The information provided will be used only in ways that are consistent with government regulations regarding reporting, monitoring, and preparing affirmative action data. **Submission of this information is voluntary and refusal to provide it will not subject you to unfavorable treatment or impact any employment decisions.**

If you have any questions regarding completion of this form, please speak to the Manager and/or Human Resources Representative.

\_\_\_\_\_ **I do not wish to submit this information at this time (please initial if appropriate)**

**EEO/AAP**