

DUNCAN AUTOMOTIVE NETWORK APPLICATION FOR EMPLOYMENT

Position Desired: _____ Full time Part time Date _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER APPLICANT'S STATEMENT

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 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 drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I authorize the Company to investigate my education history, my driving record, my credit history and my criminal record. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

By signing below, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

*** AUTHORIZATION TO OBTAIN CONSUMER REPORTS ***

IT HAS BEEN DISCLOSED TO ME THAT THE COMPANY MAY OBTAIN ONE OR MORE CONSUMER REPORTS ON ME FOR USE IN CONNECTION WITH MY APPLICATION OR FOR OTHER EMPLOYMENT-RELATED PURPOSES. THESE REPORTS MAY INCLUDE CREDIT BUREAU REPORTS, CRIMINAL RECORDS AND DRIVING RECORDS. I AUTHORIZE THE COMPANY OR PERSONS ACTING ON ITS BEHALF TO OBTAIN THESE REPORTS.

Date

Signature of Applicant

PERSONAL DATA

Name _____
(Print) Last First Middle

Social Security No. _____

Present Address _____
Street and Number City State Zip

How long have you lived there? _____
Years Months

Previous Address _____
Street and Number City State Zip

How long did you live there? _____
Years Months

Telephone No. _____

Are you 18 years of age or older? Yes No

Have you ever worked for this Company before? Yes No If Yes, when: _____

Do you have any friends or relatives working here? Yes No

If Yes, Name: _____ Relationship: _____

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

Do you have any criminal charges pending? Yes No If Yes to either question, please give date and details of each: _____

NOTE: Answering "Yes" to this question does not constitute an automatic bar to employment. Only those crimes which are substantially related to the position you are seeking will be considered.

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer 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.

Present or Last Employer	Employed From (mo/yr) To (mo/yr)	Pay Start \$	Position	Reason for Leaving
Address		Final \$	Supervisor	
City, State, Zip Code				
Telephone				
Previous Employer	Employed From (mo/yr) To (mo/yr)	Pay Start \$	Position	Reason for Leaving
Address		Final \$	Supervisor	
City, State, Zip Code				
Telephone				
Previous Employer	Employed From (mo/yr) To (mo/yr)	Pay Start \$	Position	Reason for Leaving
Address		Final \$	Supervisor	
City, State, Zip Code				
Telephone				
Previous Employer	Employed From (mo/yr) To (mo/yr)	Pay Start \$	Position	Reason for Leaving
Address		Final \$	Supervisor	
City, State, Zip Code				
Telephone				
Previous Employer	Employed From (mo/yr) To (mo/yr)	Pay Start \$	Position	Reason for Leaving
Address		Final \$	Supervisor	
City, State, Zip Code				
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:

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

PREVIOUS EXPERIENCE

Please indicate any actual experience that you have had in any of the following positions.

<u>OFFICE</u>	<u>SALES / LEASING</u>	<u>SERVICE AND REPAIR</u>	<u>PARTS</u>
<input type="checkbox"/> CONTROLLER	<input type="checkbox"/> SALES MANAGER	<input type="checkbox"/> SERVICE MANAGER	<input type="checkbox"/> PARTS MANAGER
<input type="checkbox"/> OFFICE MANAGER	<input type="checkbox"/> F & I MANAGER	<input type="checkbox"/> SERVICE ADVISOR	<input type="checkbox"/> PARTS COUNTER
<input type="checkbox"/> BOOKKEEPER	<input type="checkbox"/> LEASING MANAGER	<input type="checkbox"/> DISPATCHER	<input type="checkbox"/> PARTS STOCKER
<input type="checkbox"/> ACCOUNTS RECEIVABLE	<input type="checkbox"/> AFTER MARKET SALES	<input type="checkbox"/> SHOP FOREMAN	<input type="checkbox"/> PARTS DRIVER
<input type="checkbox"/> ACCOUNTS PAYABLE	<input type="checkbox"/> NEW CAR SALES	<input type="checkbox"/> TECHNICIAN/MECHANIC	OTHER
<input type="checkbox"/> PAYROLL CLERK	<input type="checkbox"/> USED CAR SALES	<input type="checkbox"/> ELECTRICIAN	<input type="checkbox"/> _____
<input type="checkbox"/> DATA ENTRY	<input type="checkbox"/> TRUCK SALES	<input type="checkbox"/> HELPER	<input type="checkbox"/> _____
<input type="checkbox"/> CASHIER	<input type="checkbox"/> USED CAR MANAGER	<input type="checkbox"/> PAINTER	
	<input type="checkbox"/> FLEET MANAGER	<input type="checkbox"/> BODY REPAIR	
		<input type="checkbox"/> GET READY/PREP	

TECHNICIAN/ MECHANIC APPLICANTS: Please list all current ASE certifications as well as any other special technical qualifications:

EDUCATION

School Name	Years Completed: (Circle)	Diploma or Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills, and Extra-Curricular Activities
	Elementary 4 5 6 7 8			
	High School 9 10 11 12			
	College 1 2 3 4			
	Graduate School 1 2 3 4			
	Trade or Correspondence			
	Other			

EMERGENCY INFORMATION

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

Name _____ Relationship _____

Home address _____ Telephone _____
 Street City State Zip

Work address _____ Telephone _____
 Street City State Zip

PERSONAL REFERENCES

Please list persons who know you well -- not previous employers or relatives.

Name	Occupation	Address (Street; City and State)	Telephone Number	Number of Years Known

DRIVING INFORMATION

Do you have a current driver's license? Yes No

State: _____ License No.: _____ Expiration Date: _____

Has your driver's license ever been suspended or revoked? Yes No If Yes, please explain circumstances:

Do you have personal automobile insurance? Yes No Insurance Company: _____

Has your personal automobile insurance ever been cancelled? Yes No If Yes, please explain circumstances:

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)? Yes No

If Yes, please explain circumstances and outcome: _____

Please list all moving traffic violations in the last five (5) years:

Offense	Date	Location	Offense	Date	Location

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, COMPLETE AND ACCURATE.

Date

Signature of Applicant

INSTRUCTIONS

First, print your name and date in the space below. Then, fill in ALL requested information in the appropriate box. Be sure to write clearly. When you have finished the last page, be sure to enter the time completed and sign the form.

Name: _____ Date: _____
(Please print clearly)

Applicants Complete this Box
Company applying with: _____
Position applying for: _____

Current Employees Complete this Box
Company: _____
Current Position: _____
Position applying for: _____

Have you taken this analysis before? Yes _____ No _____
When? _____
Where? _____

INTRODUCTION

This analysis is designed to assist in understanding your work style. There are no right or wrong answers. Be sure to read the instructions at the top of each page before completing each section. Most people finish in 15 minutes, but there is no time limit.

IMPORTANT NOTE: The most accurate profiles are developed when people mark at least 16 or more words on each page, although there is no minimum or maximum requirement.

Time Started: _____

Art Niemann & Company

2319 Foothill Dr. Suite 150 Salt Lake City, UT 84109

800-621-1153 US & Canada * Fax (801) 486-7552

www.AVAResults.com

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A Place a check before every word that has often been used to describe you. Draw a line through any word you do not understand. Be candid - remember, there are no right or wrong answers.

People say I am ...

- | | | | | | | | | |
|----|--------------------------|------------------|----|--------------------------|----------------|----|--------------------------|-----------------|
| 1 | <input type="checkbox"/> | Calm | 31 | <input type="checkbox"/> | Nervous | 61 | <input type="checkbox"/> | Intelligent |
| 2 | <input type="checkbox"/> | Ethical | 32 | <input type="checkbox"/> | Good-tempered | 62 | <input type="checkbox"/> | Tense |
| 3 | <input type="checkbox"/> | Matter-of-fact | 33 | <input type="checkbox"/> | Passionate | 63 | <input type="checkbox"/> | Aggressive |
| 4 | <input type="checkbox"/> | Versatile | 34 | <input type="checkbox"/> | Thorough | 64 | <input type="checkbox"/> | Tender |
| 5 | <input type="checkbox"/> | Funny | 35 | <input type="checkbox"/> | Forceful | 65 | <input type="checkbox"/> | Frank |
| 6 | <input type="checkbox"/> | Anxious | 36 | <input type="checkbox"/> | Peaceful | 66 | <input type="checkbox"/> | Defensive |
| 7 | <input type="checkbox"/> | Understanding | 37 | <input type="checkbox"/> | Amusing | 67 | <input type="checkbox"/> | Delightful |
| 8 | <input type="checkbox"/> | Insistent | 38 | <input type="checkbox"/> | Vulnerable | 68 | <input type="checkbox"/> | Humane |
| 9 | <input type="checkbox"/> | Pleasure-seeking | 39 | <input type="checkbox"/> | Resourceful | 69 | <input type="checkbox"/> | Easygoing |
| 10 | <input type="checkbox"/> | Genuine | 40 | <input type="checkbox"/> | Restless | 70 | <input type="checkbox"/> | Touchy |
| 11 | <input type="checkbox"/> | Accommodating | 41 | <input type="checkbox"/> | Determined | 71 | <input type="checkbox"/> | Straightforward |
| 12 | <input type="checkbox"/> | Insecure | 42 | <input type="checkbox"/> | Absentminded | 72 | <input type="checkbox"/> | Tranquil |
| 13 | <input type="checkbox"/> | Inquisitive | 43 | <input type="checkbox"/> | Popular | 73 | <input type="checkbox"/> | Fascinating |
| 14 | <input type="checkbox"/> | Proficient | 44 | <input type="checkbox"/> | Sarcastic | 74 | <input type="checkbox"/> | Self-reliant |
| 15 | <input type="checkbox"/> | Attractive | 45 | <input type="checkbox"/> | Demanding | 75 | <input type="checkbox"/> | Definite |
| 16 | <input type="checkbox"/> | Tolerant | 46 | <input type="checkbox"/> | Willing | 76 | <input type="checkbox"/> | Patient |
| 17 | <input type="checkbox"/> | Skeptical | 47 | <input type="checkbox"/> | Sensible | 77 | <input type="checkbox"/> | Witty |
| 18 | <input type="checkbox"/> | Decisive | 48 | <input type="checkbox"/> | Fashionable | 78 | <input type="checkbox"/> | Worried |
| 19 | <input type="checkbox"/> | Good-Looking | 49 | <input type="checkbox"/> | Receptive | 79 | <input type="checkbox"/> | Desirable |
| 20 | <input type="checkbox"/> | Rational | 50 | <input type="checkbox"/> | Possessive | 80 | <input type="checkbox"/> | Purposeful |
| 21 | <input type="checkbox"/> | Unselfish | 51 | <input type="checkbox"/> | Deliberate | 81 | <input type="checkbox"/> | Stylish |
| 22 | <input type="checkbox"/> | Sturdy | 52 | <input type="checkbox"/> | Apologetic | 82 | <input type="checkbox"/> | Moody |
| 23 | <input type="checkbox"/> | Hesitant | 53 | <input type="checkbox"/> | Trusting | 83 | <input type="checkbox"/> | Gentle |
| 24 | <input type="checkbox"/> | Agreeable | 54 | <input type="checkbox"/> | Self-conscious | 84 | <input type="checkbox"/> | Just |
| 25 | <input type="checkbox"/> | Bright | 55 | <input type="checkbox"/> | Good-mixer | 85 | <input type="checkbox"/> | Firm |
| 26 | <input type="checkbox"/> | Temperamental | 56 | <input type="checkbox"/> | Cautious | 86 | <input type="checkbox"/> | Apprehensive |
| 27 | <input type="checkbox"/> | Intense | 57 | <input type="checkbox"/> | Persistent | 87 | <input type="checkbox"/> | Direct |
| 28 | <input type="checkbox"/> | Charming | 58 | <input type="checkbox"/> | Exciting | 88 | <input type="checkbox"/> | Principled |
| 29 | <input type="checkbox"/> | Intuitive | 59 | <input type="checkbox"/> | Diligent | 89 | <input type="checkbox"/> | Appealing |
| 30 | <input type="checkbox"/> | Refreshing | 60 | <input type="checkbox"/> | Relaxed | 90 | <input type="checkbox"/> | Respectful |
| | | | | | | 91 | <input type="checkbox"/> | Analytical |

Name: _____

(Continued on next page)

B Place a check before every word which you truly believe is descriptive of you.

I really am ...

- | | | | | | | | | |
|----|--------------------------|------------------|----|--------------------------|----------------|----|--------------------------|-----------------|
| 1 | <input type="checkbox"/> | Calm | 31 | <input type="checkbox"/> | Nervous | 61 | <input type="checkbox"/> | Intelligent |
| 2 | <input type="checkbox"/> | Ethical | 32 | <input type="checkbox"/> | Good-tempered | 62 | <input type="checkbox"/> | Tense |
| 3 | <input type="checkbox"/> | Matter-of-fact | 33 | <input type="checkbox"/> | Passionate | 63 | <input type="checkbox"/> | Aggressive |
| 4 | <input type="checkbox"/> | Versatile | 34 | <input type="checkbox"/> | Thorough | 64 | <input type="checkbox"/> | Tender |
| 5 | <input type="checkbox"/> | Funny | 35 | <input type="checkbox"/> | Forceful | 65 | <input type="checkbox"/> | Frank |
| 6 | <input type="checkbox"/> | Anxious | 36 | <input type="checkbox"/> | Peaceful | 66 | <input type="checkbox"/> | Defensive |
| 7 | <input type="checkbox"/> | Understanding | 37 | <input type="checkbox"/> | Amusing | 67 | <input type="checkbox"/> | Delightful |
| 8 | <input type="checkbox"/> | Insistent | 38 | <input type="checkbox"/> | Vulnerable | 68 | <input type="checkbox"/> | Humane |
| 9 | <input type="checkbox"/> | Pleasure-seeking | 39 | <input type="checkbox"/> | Resourceful | 69 | <input type="checkbox"/> | Easygoing |
| 10 | <input type="checkbox"/> | Genuine | 40 | <input type="checkbox"/> | Restless | 70 | <input type="checkbox"/> | Touchy |
| 11 | <input type="checkbox"/> | Accommodating | 41 | <input type="checkbox"/> | Determined | 71 | <input type="checkbox"/> | Straightforward |
| 12 | <input type="checkbox"/> | Insecure | 42 | <input type="checkbox"/> | Absentminded | 72 | <input type="checkbox"/> | Tranquil |
| 13 | <input type="checkbox"/> | Inquisitive | 43 | <input type="checkbox"/> | Popular | 73 | <input type="checkbox"/> | Fascinating |
| 14 | <input type="checkbox"/> | Proficient | 44 | <input type="checkbox"/> | Sarcastic | 74 | <input type="checkbox"/> | Self-reliant |
| 15 | <input type="checkbox"/> | Attractive | 45 | <input type="checkbox"/> | Demanding | 75 | <input type="checkbox"/> | Definite |
| 16 | <input type="checkbox"/> | Tolerant | 46 | <input type="checkbox"/> | Willing | 76 | <input type="checkbox"/> | Patient |
| 17 | <input type="checkbox"/> | Skeptical | 47 | <input type="checkbox"/> | Sensible | 77 | <input type="checkbox"/> | Witty |
| 18 | <input type="checkbox"/> | Decisive | 48 | <input type="checkbox"/> | Fashionable | 78 | <input type="checkbox"/> | Worried |
| 19 | <input type="checkbox"/> | Good-Looking | 49 | <input type="checkbox"/> | Receptive | 79 | <input type="checkbox"/> | Desirable |
| 20 | <input type="checkbox"/> | Rational | 50 | <input type="checkbox"/> | Possessive | 80 | <input type="checkbox"/> | Purposeful |
| 21 | <input type="checkbox"/> | Unselfish | 51 | <input type="checkbox"/> | Deliberate | 81 | <input type="checkbox"/> | Stylish |
| 22 | <input type="checkbox"/> | Sturdy | 52 | <input type="checkbox"/> | Apologetic | 82 | <input type="checkbox"/> | Moody |
| 23 | <input type="checkbox"/> | Hesitant | 53 | <input type="checkbox"/> | Trusting | 83 | <input type="checkbox"/> | Gentle |
| 24 | <input type="checkbox"/> | Agreeable | 54 | <input type="checkbox"/> | Self-conscious | 84 | <input type="checkbox"/> | Just |
| 25 | <input type="checkbox"/> | Bright | 55 | <input type="checkbox"/> | Good-mixer | 85 | <input type="checkbox"/> | Firm |
| 26 | <input type="checkbox"/> | Temperamental | 56 | <input type="checkbox"/> | Cautious | 86 | <input type="checkbox"/> | Apprehensive |
| 27 | <input type="checkbox"/> | Intense | 57 | <input type="checkbox"/> | Persistent | 87 | <input type="checkbox"/> | Direct |
| 28 | <input type="checkbox"/> | Charming | 58 | <input type="checkbox"/> | Exciting | 88 | <input type="checkbox"/> | Principled |
| 29 | <input type="checkbox"/> | Intuitive | 59 | <input type="checkbox"/> | Diligent | 89 | <input type="checkbox"/> | Appealing |
| 30 | <input type="checkbox"/> | Refreshing | 60 | <input type="checkbox"/> | Relaxed | 90 | <input type="checkbox"/> | Respectful |
| | | | | | | 91 | <input type="checkbox"/> | Analytical |

Name: _____

(Continued on next page)

C Now, write a description of yourself in your own words using as much of the space as needed.

Time Finished: _____

Signature: _____

NOTIFICATION and AUTHORIZATION TO OBTAIN INFORMATION

This form is used to notify you that a consumer or investigative consumer report is being obtained from **Choice Point**, a consumer-reporting agency, for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee for the **Duncan Automotive Network**. These Records will be furnished from public records including but not limited to, Social Security number, motor vehicle operation history, worker's compensation information and criminal history to the extent permitted by law from various local, state, and federal agencies. This report may contain information regarding your character, work habits, credit worthiness, personal characteristics and reasons for termination from past employment obtained through public records or personal interviews.

I hereby authorize and request any present or former employer, school, law enforcement agency, financial institution, local, state, or federal agency or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and that I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written employment application. I also understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. I understand that Choice Point is a consumer reporting agency and it is Choice Point's policy to not be involved or make hiring decisions or recommendations. I further understand that any Consumer Report or Investigative Consumer Report requested will be used strictly for employment purposes as defined in the Fair Credit Reporting Act, as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. In addition, any offer of employment, promotion, or reassignment will be conditional upon the receipt of satisfactory information as required and that to be considered for employment, promotion or reassignment, I authorize the procurement of such Report(s) by my signature below:

The following must be completely filled out and signed for your application to be considered.

Print Full Name: _____

Date of Birth (for identification purposes only): _____

Gender: Circle One (Male/Female)

Social Security Number (for identification purposes only): _____

Driver's License Number and State Issued: _____

If name changed (through marriage or otherwise) please print former name below:

Signature: _____ Today's Date: _____

Signature Authorizing the Procurement of the Consumer and/or Investigative Consumer Report