



4488 NW 6th Street • Gainesville, FL 32609 • 352-377-0383

A DRUG-FREE WORKPLACE

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, national origin, age, sex, gender Identity, sexual orientation, genetic information, disability, marital status, veteran status or other protected status. This application is effective for sixty (60) days after application date. If you wish to be considered for employment after that time, you must reapply.

(Please Print)

Last Name	First Name	Middle Name
Street Address	City, State	Zip Code
Telephone Number(s)		
Position(s) Applied For	Date of Application	

Are you over the age of 18 years of age? Yes No

Are you authorized to work in the United States? Yes No

As a condition of employment, you are required to submit proof of employment eligibility and identity in compliance with the Immigration Reform and Control Act of 1986.

Are you related to any of our current employees? Yes No

If "Yes," please list employee name(s). _____

Have you been previously employed by City Auto Repair? Yes No

If "Yes," please list prior dates of employment. _____

Have you ever been convicted of a crime, or have you ever pleaded no contest or had adjudication withheld in a criminal matter? Yes No

If "Yes," please give date, place and nature of crime. Each case is considered individually and will not necessarily disqualify the applicant.

Have you ever been named a defendant in a civil action alleging sexual harassment, assault, battery, stalking or any other intentional tort? Yes No

If "Yes," please give date, place, nature of the case and final outcome. Each case is considered individually and will not necessarily disqualify the applicant.

Application Form Disclaimer

Please read carefully and initial where designated.

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, in the position applied for or any other position, regardless of the contents of any employee handbook, benefit plan, policy statement, or other Company document or practice, shall serve to create an actual or implied contract of employment or confer any right of employment with City Transmission & Auto Repairs, Inc. ("City Auto Repair" or "the Company") or otherwise alter the employment-at-will relationship between the Company and me. I understand the employment-at-will relationship cannot be altered except by written instrument signed by the Company President, and either the Company or I may end the employment relationship at any time without notice or reason. If employed, I understand that the Company may unilaterally change or revise its benefits, policies, and procedures at any time and such changes may include a reduction of benefits. _____(initials)

If employed by City Auto Repair, I agree to provide evidence of my identity and eligibility to work in the United States and understand the Company may verify my eligibility for employment. _____(initials)

The information provided herein is true, complete and correct. I understand that any misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I authorize the investigation of all matters contained in this application and hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others and hereby release the Company from any liability as a result of such contact. _____ (Initials)

I understand City Auto Repair has a Drug-free Workplace Program prohibiting the use of illegal drugs and alcohol and abuse of over-the-counter and prescribed medications. I understand the Company reserves the right to test applicants and employees for the presence of drugs and alcohol on the following bases: preemployment, fitness-for-duty, reasonable suspicion, post-accident, follow-up and random. I understand my refusal to submit to testing or a positive test for the presence of drugs or alcohol will result in disqualification for employment or disciplinary action, up to and including termination of employment. If injured and in violation of this policy, I may be deemed ineligible for Worker's Compensation medical and indemnity benefits. _____ (Initials)

The Fair Credit Reporting Act requires City Auto Repair to advise me that, in connection with routine processing of the employment application, it may request from a consumer reporting agency an investigative consumer report including information regarding my character, general reputation, personal characteristics, and mode of living. Furthermore, the Company may request and receive reports containing public record information about me such as criminal, driving, educational, and other records. Upon request from me, The Company will provide additional information concerning the nature and scope of any such report it requests. _____ (Initials)

I understand that, if I am hired, the first ninety (90) days of employment are considered an introductory period during which the Company and I shall assess the suitability of the employment relationship. I understand that any time during the introductory period, and thereafter, my employment relationship with City Auto Repair is terminable at-will for any reason by either party with or without cause or notice. I understand that unemployment benefits may be contested as allowed under Florida Statutes, Sec. 443.131(3)(a)(2), if I am terminated for unsatisfactory job performance during the introductory period. _____ (Initials)

I further agree that any dispute or claim between City Auto Repair and me, relating in any way to my employment and/or separation thereof, which cannot be resolved informally shall be first submitted to voluntary mediation through a mutually agreeable mediator. If not resolved by mediation, the disputed claim shall be resolved by an impartial arbitrator selected in accordance with the voluntary arbitration rules of the American Arbitration Association, as the exclusive remedy of such dispute. It is agreed that failure to timely submit any claims to arbitration shall result in a waiver of the alleged claims. I further agree that any and all claims not raised through this procedure, except as otherwise required by law. _____ (Initials)

Applicant Signature

Date

Thank you for your interest in City Auto Repair. We are an equal opportunity employer and adhere to the policy of making employment decisions without regard to race, color, religion, national origin, age, sex, gender identity, sexual orientation, genetic information, disability, marital status, veteran status or other protected status.

Employment Experience

Report your entire work history, starting with your present or last job. Include any job-related military assignments and voluntary activities and gaps in employment. Attach extra sheets, if needed. Exclude organizations that indicate race, color, religion, national origin, age, sex, gender Identity, sexual orientation, genetic information, disability, marital status, veteran status or other protected status.

Employer	Start Date	End Date	Work Performed:
Address	Phone Number		
Job Title	Supervisor		
Wages and Salary	Start	Final	
Reason for Leaving			

Employer	Start Date	End Date	Work Performed:
Address	Phone Number		
Job Title	Supervisor		
Wages and Salary	Start	Final	
Reason for Leaving			

Employer	Start Date	End Date	Work Performed:
Address	Phone Number		
Job Title	Supervisor		
Wages and Salary	Start	Final	
Reason for Leaving			

Attach additional sheets, If needed.

Education

	High School	Trade/Other	College
School Name and Location			
Years Completed			
Diploma/Degree			
Special Training, Apprenticeships, or Skills			
Honors Received			

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment, military service, or other experience. List equipment you are qualified to operate.

References

Provide names, addresses and telephone numbers for three references who are not related to you and are not previous employers.
