

APPLICATION FOR EMPLOYMENT

Position Desired _____

Full Time

Part Time

EQUAL OPPORTUNITY EMPLOYER

APPLICANT'S STATEMENT

I understand that this application is not a promise of employment.

I understand that if I am hired, my employment will not be for a definite period, regardless of the period of payment of my compensation. I further understand that I have the right to terminate my employment at any time and for any reason, and the Company may terminate my employment, at any time, for any reason, or no reason, with or without notice and with or without cause. The Company is an at-will employer. 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 reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment. I understand that any offer of employment may be contingent upon the passing of a physical examination performed by a doctor selected by the Company. I understand that any time after I am hired, the Company may require me to submit to an alcohol and drug test, and, under certain circumstances, a physical examination, to the extent permitted by the Americans with Disabilities Act. I consent to the disclosure of the results of physical examination tests, drug and alcohol tests, and related tests to the Company, to the extent permitted by the Americans with Disabilities Act.

In connection with the Company's consideration of me for employment, continued employment, training, promotion, or reassignment, I understand that the Company or persons acting on its behalf may conduct investigative inquiries into my background that will include information regarding job references, personal references, criminal, consumer credit, driving, and other reports pertaining to me. These inquiries may include personal conversations with persons possessing knowledge relevant to these categories. These background inquiries will be conducted and reports obtained to provide the Company with job-related information regarding my character, general reputation, personal characteristics, work record, and skills and abilities, education and training, employment and experience, past job performance, reasons for termination of previous employment, and other pertinent information. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I release any person or entity contacted by the Company from any and all liability for conducting such investigations and release any such person or entity from any and all liability for furnishing such information. I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I hereby state that all of the information that I provide on this application and in any interview is true, complete and accurate. I understand that false statements, misrepresentations of facts or omissions may disqualify me for employment, or if I am employed, may result in my termination from employment.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT.

Signature of Applicant

Print Name

Date

PERSONAL DATA

Name _____ Social Security No. _____
 (Print) Last Name First Middle

Present Address _____ How long have you lived there? _____
 Street Number City State Zip Years Months

Previous Address _____ How long have you lived there? _____
 Street Number City State Zip 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, please give date, position and reason for leaving:

Do you have any friends or relatives working at the company? Yes No If yes, Name: _____

If a driver's license is required for the position for which you are applying, 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 been convicted of a crime in the last twenty (20) years? Yes No
 If yes, please give date and details of each: _____

Are you currently on parole or probation for a conviction? Yes No If yes, describe the conviction: _____

NOTE: Conviction will not necessarily be a bar to employment. Each instance will be considered in relation to the position for which you are applying. Factors such as age of the conviction, time of events, seriousness and nature of the violation, and rehabilitation are taken into account.

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying, with or without a reasonable accommodation? Yes No

PERSONAL 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																	

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your 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 company name and supply business references. Use a separate sheet of paper if necessary.

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

May we contact your current employer: Yes No If no, please explain: _____

REFERENCES

Please list persons who are not related to you and who know you well.

Name	Occupation	Address (Street, City and State)	Telephone Number	No. of Years Known

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)
- F & I Manager
- 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, COMPLETE AND ACCURATE, AND THAT THERE ARE NO OMISSIONS OR MISREPRESENTATIONS OF FACT.

Date

Signature of Applicant



Consent to Request Consumer Report & Investigative Consumer Report Information

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Applicant's First Name or Initial

Last Name

I understand that [Company Name] ("COMPANY") will utilize the services of **Sterling InfoSystems Inc., 249 West 17th Street, New York, NY 10011, (800) 899-2272** to obtain a consumer report and/or investigative consumer report as part of the procedure for processing my application for employment. I also understand that if my application for employment is granted, to the extent permitted by law, COMPANY may obtain further information through subsequent investigations by STERLING so as to update, renew or extend my employment.

I understand **Sterling InfoSystems Inc.** ("STERLING") investigation may include obtaining information regarding my credit background, bankruptcies, driving record, lawsuits, judgments, paid tax liens, unlawful detainer actions, failure to pay spousal or child support, accounts placed for collection, and criminal record, subject to any limitations imposed by applicable federal and state law. I understand such information may be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge. If an investigative consumer report is being requested, I understand such information may be obtained through any means, including but not limited to personal interviews with my acquaintances and/or associates or with others whom I am acquainted or who may have knowledge concerning my character, general reputation, personal characteristics or standard of living.

I understand that I have the right to receive notice about the nature and scope of any investigative consumer report requested within five days after the COMPANY receives my request or five days after the investigative consumer report was requested, whichever is later.

By checking the box, I indicate that I wish to receive further disclosure about the nature and scope of any COMPANY request for an investigative consumer report.

I acknowledge that I have received the attached summary of my rights under the Fair Credit Reporting Act and, as required by law, any related state summary of rights.

This consent will not affect my ability to question or dispute the accuracy of any information contained in my report. I understand if COMPANY makes a conditional decision to disqualify me based all or in part on my report, I will be provided with a copy of the report and another description in writing of my rights under the federal Fair Credit Reporting Act and, as required by law, any related state summary of rights, and if I disagree with the accuracy of the purported disqualifying information in the report, I must notify COMPANY within five business days of my receipt of the report that I am challenging the accuracy of such information with **Sterling InfoSystems Inc.**

I hereby consent to this investigation and authorize COMPANY to procure a consumer report(s) and/or investigative consumer report on my background as stated above from a consumer reporting agency and/or investigative consumer reporting agency.

In order to verify my identity for the purposes of background identification, I am voluntarily releasing my date of birth, social security number and the other information below for my own benefit and fully understand that all employment decisions are based on legitimate non-discriminatory reasons.

Minnesota & Oklahoma Applicants Only: I have the right to request a copy of the consumer report obtained by COMPANY from STERLING by checking the box. STERLING will mail the consumer report directly to me. I wish to receive a copy of the consumer/investigative consumer report. (Check only if you wish to receive a copy.)

Maine Applicants Only: By checking the box, I indicate that I wish to receive the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries regarding the investigative consumer report.

Washington State Applicants Only (AS APPLICABLE): I further understand that COMPANY will not obtain information about my "credit worthiness, credit standing, or credit capacity" unless the information is required by law, or is substantially job related, and the reasons for using the information are disclosed to me in writing. (If this option is checked, complete the question below.)

Reasons why COMPANY considers information about "credit worthiness, credit standing, or credit capacity" as substantially job related:

NY Applicants Only: I also acknowledge that I have received the attached copy of Article 23A of New York's Correction Law. I further understand that I may review and receive a copy of any investigative consumer report by contacting the consumer reporting agency. I further understand that I will be advised if any further checks are requested and provided the name and address of the consumer reporting agency.

Signature:

T

Today's Date:

T



Para informacion en espanol, visite <http://www.ftc.gov/credit> o escriba a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

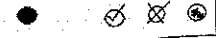
A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to <http://www.ftc.gov/credit> or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See <http://www.ftc.gov/credit> for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See <http://www.ftc.gov/credit> for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer-reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.



You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

FOR QUESTIONS OR CONCERNS REGARDING
PLEASE CONTACT

Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 - 877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 - 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 - 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 - 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 - 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 - 877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 - 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 - 202-720-7051