Automatic
LEASING SERVICE

Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on any basis prohibited by local, state or federal law. Equal access to employment, services and programs is available to all persons.

Personal Information

Name _____

Address _____

Home Phone_____ Mobile Phone _____

Date Available for Work? _____ Can you work overtime as necessary? _____

Can you travel if required for this position? _____

Can you submit proof of legal employment authorization and identity? _____ Salary desired? _____

Position Applying for _____

Email address_____

Former Employers

Please provide all employment information for the last 4 employers starting with the most recent.

Employer Name		**Job Title**	
Address			
Supervisor Name		**Supervisor Phone**	
Hire Date		**Leave Date**	
Reason for Leaving		**May we contact?**	

Employer Name		**Job Title**	
Address			
Supervisor Name		**Supervisor Phone**	
Hire Date		**Leave Date**	
Reason for Leaving		**May we contact?**	

Employer Name		**Job Title**	
Address			
Supervisor Name		**Supervisor Phone**	
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Reason for Leaving		**May we contact?**	

Employer Name		**Job Title**	
Address			
Supervisor Name		**Supervisor Phone**	
Hire Date		**Leave Date**	
Reason for Leaving		**May we contact?**	

Education

	Name of School	Location	Last Year	Graduated?	Course of Study
High School					
College					
Technical Training					
Other skills					

References

(Please do not list any family members)

Name	Relationship	Phone Number	Years acquainted	Other

I hereby authorize Automatic Leasing Service Inc. to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, without cause, at any time, so long as there is no violation of applicable federal and state laws.

I further agree that I will abide by all rules, regulations, and policies or the potential employer and that failure to do so may be cause for termination.
I understand that it is the policy of the potential employer not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within 3 days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.
I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature_____ Date: _____