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**MOTOR VEHICLE LICENSE**

Driver's License Number: \_\_\_\_\_ Number of tickets you had in three years: \_\_\_\_\_

State Issued: \_\_\_\_\_ Issued Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Class \_\_\_\_\_

Has your Driver's License ever been suspended or revoked?  Yes  No

If yes, please explain: \_\_\_\_\_

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**GENERAL DATA**

Have you ever filed an application here before?  Yes  No If Yes, give date: \_\_\_\_\_

Have you ever been employed by Automotive Hospitality of America, Inc.?  Yes  No

If Yes: When \_\_\_\_\_ Where \_\_\_\_\_ Position \_\_\_\_\_

Name if different than above: \_\_\_\_\_

Do you have any relatives currently employed here?  Yes  No Name of Employee \_\_\_\_\_

Are you employed now?  Yes  No May we contact your present employer?  Yes  No (A reference from your most recent employer may be required before a final job offer is made)

Have you ever been fired by an employer?  Yes  No

If yes, please explain: \_\_\_\_\_

Are you able to drive a stick shift vehicle?  Yes  No

Are you able to stand and run for extended period of time?  Yes  No

Are you under 19 years of age?  Yes  No

Is your driver's license revoked or suspended?  Yes  No

Do you depend on something other than your own reliable transportation to get to work?  Yes  No

You must maintain a professional appearance. Do you plan to alter your appearance while employed?  Yes  No

**Note:** For driving/transportation jobs only, if your driver's license is from another state and driving is required by the job, and you are offered employment, you will be required to obtain a copy of your valid Driver's license and DMV report.

Have you ever been arrested and/or convicted of a misdemeanor or felony  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a criminal offense related to health care, excluded, debarred or ineligible from participation in any Medicare or Medicaid or other health-care program or any other state or federally funded program  Yes  No

If yes, please explain: \_\_\_\_\_

EDUCATION	High	College/University	Graduate/Professional
School Name			
Years Completed (circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			

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**SKILLS & TRAINING, Etc**

Typing/Word Processing – WPM \_\_\_\_\_ Business Office Equipment: \_\_\_\_\_

Computers (Check all that apply); WordPerfect [ ] Word [ ] Excel [ ] Lotus [ ] PowerPoint [ ] Access [ ]

Other applicable skills/experience: \_\_\_\_\_

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**EMPLOYMENT EXPERIENCE:**

*Please complete the following, even if you are attaching a resume. Start with your present or last job. Include military service assignments and volunteer activities.*

**1.** \_\_\_\_\_

Employer:

Address – Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor \_\_\_\_\_

Employment Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Starting Pay Rate: \$\_\_\_\_\_ Last Pay Rate: \$\_\_\_\_\_

Reason For Leaving \_\_\_\_\_

\_\_\_\_\_

May we verify with Employer? Yes [ ] No [ ]

Position Held \_\_\_\_\_

**2.** \_\_\_\_\_

Employer:

Address – Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor \_\_\_\_\_

Employment Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Starting Pay Rate: \$\_\_\_\_\_ Last Pay Rate: \$\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

May we verify with Employer? Yes [ ] No [ ]

Position Held \_\_\_\_\_

