

- Mercedes-Benz of Coral Gables
- Silver Arrow Collision Center

- Mercedes-Benz of Cutler Bay
- Smart Center of Miami

**APPLICATION FOR EMPLOYMENT**

DATE \_\_\_\_\_

**PLEASE COMPLETE ALL SECTIONS INDICATING N/A IF THE INFORMATION REQUESTED IS NOT APPLICABLE.**

<b>PERSONAL DATA</b>					
Name (Last, First, Middle)				Social Security Number:	
Present Address (Street and Number)		City	State	Zip	How long have you resided there?
Previous Address (Street and Number)		City	State	Zip	How long did you reside there?
Home Number ( ) ( )	Cell Number ( ) ( )	E-Mail		Are you over the age of 18? ( ) yes ( ) no If no, employment is subject to verification of minimum legal age.	
Can you present the required I-9 documentation in accordance with the immigration reform and control act? ( ) yes ( ) no					

<b>EMPLOYMENT OBJECTIVE</b>		
Position Desired	Salary Desired	Location

<b>GENERAL INFORMATION</b>		
How were you referred to us?		
If you were referred by an employee, please list their name and location:		
Have you ever worked for Bill Ussey Motors, Inc. or any of its affiliates? ( ) yes ( ) no		If yes, please give dates and position(s):
Have you ever been employed by any other name than the one stated in this application? ( ) yes ( ) no		If yes, please give name:
Do you have any relatives or friends employed by the Company or any of its affiliates? ( ) yes ( ) no		If yes, please list their name, relationship and location
Are you presently employed? ( ) yes ( ) no	If yes, what notice will be required?	What date will you be available for employment?
Have you ever been involuntarily terminated, not reappointed or asked to resign from a previous job? ( ) yes ( ) no		If yes, please explain.

<b>CERTIFICATIONS/LICENSES</b>					
Do you hold any automotive certifications/licenses? ( ) yes ( ) no				If yes, please indicate the following:	
Certificate form or type:	Certificate Number	Valid from:	Valid to:	Issuing State	Subject, area or coverage:
Certificate form or type:	Certificate Number	Valid from:	Valid to:	Issuing State	Subject, area or coverage:
Dade County License #				Additional License #'s:	
If you <u>do not</u> hold an ASE Certificate, are you eligible to receive one? ( ) yes ( ) no				If no, please explain:	
Have you ever had any certification suspended, revoked or not re-issued? ( ) yes ( ) no				If yes, please explain:	

<b>EDUCATION RECORD</b>						
School Name	Address (City & State)	Years Completed		Major Field of Study	Graduate Yes No	Degree
High School		( ) 1	( ) 3			
		( ) 2	( ) 4			
College		( ) 1	( ) 3			
		( ) 2	( ) 4			
College		( ) 1	( ) 3			
		( ) 2	( ) 4			

Graduate		( ) 1	( ) 3			
		( ) 2	( ) 4			
Trades/Correspondence		( ) 1	( ) 3			
		( ) 2	( ) 4			
Other		( ) 1	( ) 3			
		( ) 2	( ) 4			

List academic honors, scholarships, and honorary fraternities	List hobbies and outside interests
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Do you plan to continue your education? ( ) yes ( ) no	If yes, please specify
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**FOREIGN LANGUAGES** (Indicate degree of fluency)

1	Read_____ Write_____ Speak_____
2	Read_____ Write_____ Speak_____

**BUSINESS SKILLS**

Typing Speed	Word Processing	Other Business Equipment
Computer Hardware/Software	Special training/accomplishments	
List any professional licenses you hold other than training certificates such as NIASE certification	List any job-related organizations (professional, trade, etc.) you belong to:	

**MILITARY SERVICE**

Branch	Highest Rank Attained	Date of Service
Special Training	Did you receive anything other than an dishonorable discharge?	

**DRIVING RECORD** Answer these questions if driving is a part of the duties and responsibilities of the job for which you are applying.

Do you have a valid Driver's License? ( ) yes ( ) no	State	D/L #	Expiration Date
Any restriction on license? ( ) yes ( ) no	If yes, please explain:		

**CRIMINAL RECORD**

Answering "yes" to these questions does not constitute an automatic bar of employment. Only those crimes which are substantially related to the position you are seeking will be considered.

Have you ever been convicted, pled no contest, been placed on probation, enrolled in a pre-trial diversion program, or had adjudication withheld in a criminal offense, felony, misdemeanor or otherwise? ( ) yes ( ) no
If yes, please give dates and details on each instance
Do you have any criminal charges currently pending? ( ) yes ( ) no
If yes, please explain:
Have you ever been a defendant in a civil suit on an intentional tort (assault, battery, false imprisonment, invasion of privacy, intentional infliction of emotional distress, intentional wrongful death)? ( ) yes ( ) no
If yes, please explain:

**EMPLOYMENT HISTORY (Complete in full)**

Please list below all present and past employment since graduation, including at least three past employers, for the last ten years, starting with present or last employer.

From	To	Total Months	Reason for Leaving	Give full description of responsibilities & duties
Name of Employer		Type of Business		
Address/City		State/Zip	Phone	
Starting Position		Supervisor Name/Title & Phone	Beginning Salary	
Most Recent Position		Supervisor Name/Title & Phone	Ending Salary	
May we contact? ( ) yes ( ) no		If no, why not?		
From	To	Total Months	Reason for Leaving	Give full description of responsibilities & duties
Name of Employer		Type of Business		
Address/City		State/Zip	Phone	
Starting Position		Supervisor Name/Title & Phone	Beginning Salary	
Most Recent Position		Supervisor Name/Title & Phone	Ending Salary	
May we contact? ( ) yes ( ) no		If no, why not?		
From	To	Total Months	Reason for Leaving	Give full description of responsibilities & duties
Name of Employer		Type of Business		
Address/City		State/Zip	Phone	
Starting Position		Supervisor Name/Title & Phone	Beginning Salary	
Most Recent Position		Supervisor Name/Title & Phone	Ending Salary	
May we contact? ( ) yes ( ) no		If no, why not?		
From	To	Total Months	Reason for Leaving	Give full description of responsibilities & duties
Name of Employer		Type of Business		
Address/City		State/Zip	Phone	
Starting Position		Supervisor Name/Title & Phone	Beginning Salary	
Most Recent Position		Supervisor Name/Title & Phone	Ending Salary	
May we contact? ( ) yes ( ) no		If no, why not?		

Please explain any gaps in your employment history: \_\_\_\_\_

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**PREVIOUS EXPERIENCE**

Please describe any previous experience that you have in the position for which you are applying or in any similar or related position:

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**REFERENCES** (Not relatives, former supervisors or employers)

Name	Address	Occupation	Phone Number	Years Known

**EMERGENCY CONTACT** (In case of accident or other emergency whom should we contact)

Name	Relationship	Phone Number
Address (Street & Number)	City	State
Place of Work	Office Phone	State

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER  
APPLICANT'S STATEMENT**

By my signature below, I certify that all information that I have provided on this application, under separate cover and in any interview, as part of the application process is true complete and accurate. I understand that any false statements, omissions or misleading statements will be grounds to not hire me, and if discovered after my employment, I will be subject to disciplinary action, up to and including immediate termination

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 or reason, 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 signed by the President. Additionally, I understand that if I am hired, my first ninety (90) days of employment is an introductory period. Completion of the introductory period does not confer any expectation of continuation of employment; continuation depends upon the needs of the Company and my performance and conduct.

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 further understand that the Company may contact previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to the Company. 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.

I understand the Company may obtain a consumer report or reports on me. I authorize the Company and its representatives and agents to obtain such a report or reports for use in connection with my application for employment and for other employment related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand the term "consumer report" includes, but is not limited to credit checks, criminal background checks, department of motor vehicle reports, and investigative consumer reports. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal interviews with my neighbors, friends, or associates, or with others with whom I am acquainted or whom may have knowledge concerning any such items of information.

By signature below, I certify that I have read and understand this statement.

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT**

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

**THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. AFTER THAT TIME, YOU MUST REAPPLY.**