

VILLANUEVA AUTO, INC

21850 Rosehart Way Salinas Ca, 93908
831-240-65-26 ext 101

Employment / Job Application

Personal Information

FULL NAME : _____ DATE: _____

ADDRESS : _____

CITY : _____ STATE : _____ ZIP CODE : _____

E-MAIL : _____ PHONE : _____

SOCIAL SECURITY NUMBER (SSN) : _____ - _____ - _____

DATE AVAILABLE : _____

DESIRED PAY : \$ _____

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: _____

EMPLOYMENT ELIGIBILITY

ARE YOU A U.S CITIZEN? YES NO

IF NO ARE YOU ALLOWED TO WORK IN THE U.S ? YES NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES NO

IF YES, WRITE THE START AND END DATES : _____

ARE YOU BILINGUAL ? YES NO , IF SO WHAT LANGUAGES ? _____



HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES PLEASE EXPLAIN: _____

EDUCATION

HIGH SCHOOL: _____ CITY/STATE: _____

FROM: _____ TO: _____

GRADUATE: YES NO

DIPLOMA: YES NO

COLLEGE: _____ CITY/STATE: _____

FROM: _____ TO: _____

GRADUATE: YES NO

DEGREE: _____

OTHER: _____ CITY/STATE: _____

FROM: _____ TO: _____

DEGREE: _____

EMPLOYMENT HISTORY

EMPLOYER #1: _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STARTING PAY: _____ HOURLY SALARY

ENDING PAY: _____ HOURLY SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

STARTING DATE: _____ ENDING DATE: _____

REASON FOR LEAVING: _____

EMPLOYER #2: _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STARTING PAY: _____ HOURLY SALARY

ENDING PAY: _____ HOURLY SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

STARTING DATE: _____ ENDING DATE: _____

REASON FOR LEAVING: _____

EMPLOYER #3: _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STARTING PAY: _____ HOURLY SALARY

ENDING PAY: _____ HOURLY SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

STARTING DATE: _____ ENDING DATE: _____

REASON FOR LEAVING: _____

EMPLOYER #4: _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STARTING PAY: _____ HOURLY SALARY

ENDING PAY: _____ HOURLY SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

STARTING DATE: _____ ENDING DATE: _____

REASON FOR LEAVING: _____

REFERENCES

REFERENCE #1: _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

REFERENCE #2: _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

REFERENCE #3: _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

REFERENCE #4: _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ RANK AT DISCHARGE: _____

STARTING DATE: _____ ENDING DATE: _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

DISCLAIMER

APPLICANT UNDERSTANDS THAT THIS IS AN EQUAL OPPORTUNITY EMPLOYER AND COMMITTED TO EXCELLENCE THROUGH DIVERSITY. IN ORDER TO ENSURE THIS APPLICATION IS ACCEPTABLE, PLEASE SIGN AND PRINT NAME WITH THE APPLICATION BEING FULLY COMPLETED IN ORDER FOR IT TO BE CONSIDERED.

I, THE APPLICANT, CERTIFY THAT MY ANSWERS ARE TRUE AND HONEST TO THE BEST OF MY KNOWLEDGE. IF THIS APPLICATION LEADS TO MY EVENTUAL EMPLOYMENT, I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION IN MY APPLICATION OR INTERVIEW MAY RESULT IN MY EMPLOYMENT BEING TERMINATED.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

