

1ST CHOICE DRIVING ACADEMY

DRIVING INSTRUCTOR/CLASSROOM INSTRUCTOR

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.
(Please print:)

Today's Date:

Position(s) Applied For:

Last Name:

Legal First Name:

Middle Name:

Address (*Number, Street, City, State, Zip Code*):

Phone Number:

Email Address:

- | | | |
|---|-----|----|
| • Have you ever filed an application with us before? (<i>If yes, give date: _____</i>) | Yes | No |
| • Have you ever been employed with us before? (<i>If yes, give date: __</i>) | Yes | No |
| • Do any of your friends or relatives, other than spouse, work here?
○ (<i>If Yes, state name, relationship and location: _____</i>) | Yes | No |
| • Are you currently employed? | Yes | No |
| • May we contact your present employer? | Yes | No |
| • Are you prevented from lawfully becoming employed in this country because of Visa/Immigration Status? | Yes | No |
| • (<i>If hired, you will be required to provide proof of your eligibility to work in the United States.</i>) | | |

Date Available for work:

Which of the following are you available to work?

	Full time	Part Time	Summer
Do you have reliable transportation?	Yes	No	No
Can you travel if a job requires it?	Yes	No	No
Are you willing to work weekends?	Yes	No	No
Is there anything that would prevent you from working overtime on occasion, if necessary?	Yes	No	No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

EDUCATION

School	Name, City, and State of School	Course of Study	Number of Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate / Professional				
Other (specify)				

WORK EXPERIENCE (Start with your most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.)

Employer	Dates Employed
Address	Work Performed
Phone Number(s)	
Starting Present Job Title	
Supervisor	
Reason For Leaving	May we contact? (Yes / No)

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Comments

Include explanation of any gaps in employment:

Describe completion of any specialized training, apprenticeship, or any continuing education programs:

Describe any credentials or job-related certifications you have:

Other Qualifications (Summarize special job-related skills, abilities and/or qualifications acquired from employment or other experience):

Additional Questions:

Have you ever been arrested? Have you ever been convicted of a felony crime? Have you ever had a DUI or DWI? (If yes to any of the above, please explain:)

Have you every made a Workman’s Comp claim? (If yes, explain:)

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation as been given. Yes No

Personal / Professional References (Do not include past supervisors or family members.)

Name	Phone Number	Relationship to Applicant	Occupation
1.			
2.			
3.			

AFFIDAVIT, CONSENT AND RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature of Applicant	Date
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