



EMPLOYMENT APPLICATION

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CANDIDATE PROFILE

TO THE APPLICANT: Mike Dorian Ford, Inc. (hereinafter referred to as "Dorian" or the "Company") does not discriminate in hiring or employment on the basis of race, color, creed, religion, sex, national origin, age, disability, height, weight, marital status, veteran status or any other basis protected by federal, state, or other applicable law. If you would like consideration after that, you can file a new application if positions are available.

PERSONAL

PLEASE PRINT USING BALLPOINT PEN

DATE OF APPLICATION	FIRST NAME	MIDDLE	LAST
PRESENT ADDRESS	CITY STATE ZIP		CELL PHONE # E-MAIL
POSITION DESIRED	DATE AVAILABLE TO BEGIN WORK	RATE OF PAY EXPECTED:	INDICATE AVAILABILITY

IN CASE OF EMERGENCY, NOTIFY:
(PLEASE SUPPLY NAME, ADDRESS AND TELEPHONE NUMBER)

DAYS AND SHIFTS YOU ARE AVAILABLE TO WORK:

ANY SHIFT	<input type="checkbox"/> YES <input type="checkbox"/> NO	MONDAY	<input type="checkbox"/> YES <input type="checkbox"/> NO
DAYS	<input type="checkbox"/> YES <input type="checkbox"/> NO	TUESDAY	<input type="checkbox"/> YES <input type="checkbox"/> NO
AFTERNOON	<input type="checkbox"/> YES <input type="checkbox"/> NO	WEDNESDAY	<input type="checkbox"/> YES <input type="checkbox"/> NO
NIGHTS	<input type="checkbox"/> YES <input type="checkbox"/> NO	THURSDAY	<input type="checkbox"/> YES <input type="checkbox"/> NO
HOLIDAYS	<input type="checkbox"/> YES <input type="checkbox"/> NO	FRIDAY	<input type="checkbox"/> YES <input type="checkbox"/> NO
OVERTIME	<input type="checkbox"/> YES <input type="checkbox"/> NO	WEEKENDS	<input type="checkbox"/> YES <input type="checkbox"/> NO

ARE YOU AUTHORIZED TO WORK IN THE U.S., WITHOUT EMPLOYER SPONSORSHIP? YES NO

ARE YOU 18 OR OLDER? YES NO

ARE YOU ON A LAY-OFF AND SUBJECT TO RECALL? YES NO

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED WITH OR WITHOUT A REASONABLE ACCOMMODATION? YES NO

ARE ANY OF YOUR RELATIVES OR ANY PERSONS LIVING IN YOUR HOUSEHOLD EMPLOYEES OR FORMER EMPLOYEES OF THE COMPANY? YES NO

IF YES, PLEASE LIST INDIVIDUAL(S) NAME(S), THEIR POSITION(S), RELATION, AND DATES OF EMPLOYMENT:

HAVE YOU EVER WORKED FOR THE COMPANY BEFORE? [] YES [] NO

IF YES, PLEASE LIST:

DATES EMPLOYED:

POSITIONS WORKED:

REASONS FOR LEAVING:

HOW WERE YOU REFERRED?

DO YOU KNOW ANYONE WHO WORKS FOR OUR COMPANY? [] YES [] NO

IF YES, PLEASE LIST INDIVIDUAL(S) NAME(S):

HAVE YOU EVER BEEN CONVICTED (INCLUDING A PLEA OF GUILTY OR NO CONTEST) OF A MISDEMEANOR OR FELONY? * [] YES [] NO

DO YOU HAVE ANY PENDING FELONY CHARGES? * [] YES [] NO

IF YOU ANSWERED YES TO ANY OF THE PRECEDING QUESTIONS, PLEASE EXPLAIN BY DETAILING THE RELEVANT DATES (i.e., DATE OF THE OFFENSE, CHARGE AND/OR CONVICTION), NATURE OF THE OFFENSE AND CIRCUMSTANCES:

**Answering yes to the above questions will not automatically exclude an applicant from employment, but may be considered in relation to job requirements. The Company will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.*

CERTIFICATIONS

DO YOU POSSESS ANY VALID JOB-SPECIFIC CERTIFICATIONS OR LICENSES? [] YES [] NO

IF YES, PLEASE LIST THE FOLLOWING INFORMATION FOR EACH CERTIFICATION/LICENSE—TITLE & TYPE OF CERTIFICATION/LICENSE, YEAR ISSUED, EXPIRATION, ENDORSEMENTS, ISSUING AGENCY:

**You will be required to provide an official copy, front and back, prior to your being hired.*

DO YOU HAVE A VALID DRIVER'S LICENSE? [] YES [] NO

IF YES, PLEASE PROVIDE: LICENSE NO. STATE: EXPIRATION DATE

HAVE YOU BEEN CITED FOR ANY MOVING VIOLATIONS IN THE LAST FIVE YEARS? [] YES [] NO

IF YES, PLEASE GIVE DETAILS:

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED, REVOKED, DENIED OR CANCELED? [] YES [] NO

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER HAD A PROFESSIONAL LICENSE OR CERTIFICATION REVOKED OR SUSPENDED? [] YES [] NO

IF YES, PLEASE PROVIDE DETAILS:

WORK HISTORY

EMPLOYMENT EXPERIENCE

(If any of the following apply – please check)

Office	Service Department	Sales Department	
<input type="checkbox"/> Office Manager/Controller <input type="checkbox"/> Stenographer <input type="checkbox"/> Bookkeeper <input type="checkbox"/> Assistant Bookkeeper <input type="checkbox"/> Accounting Clerk <input type="checkbox"/> Title Clerk <input type="checkbox"/> Typist <input type="checkbox"/> Switchboard Operator <input type="checkbox"/> Cashier <input type="checkbox"/> Receptionist	<input type="checkbox"/> Service Manager <input type="checkbox"/> Shop Foreman <input type="checkbox"/> Service Advisor <input type="checkbox"/> Service Technician <input type="checkbox"/> Service Tech's Helper <input type="checkbox"/> Body Repair Tech <input type="checkbox"/> Painter <input type="checkbox"/> Helper <input type="checkbox"/> Car Polisher/Detailer	<input type="checkbox"/> Trimmer/Upholsterer <input type="checkbox"/> Gen. Garage Worker <input type="checkbox"/> Lube, Oil & Filter Tech <input type="checkbox"/> Porter/Car Spotter <input type="checkbox"/> Janitor <input type="checkbox"/> Security <input type="checkbox"/> Car Washer <input type="checkbox"/> Rustproofing <input type="checkbox"/> Body Shop Manager	<input type="checkbox"/> General Manager <input type="checkbox"/> General Sales Manager <input type="checkbox"/> New Car Sales Manager <input type="checkbox"/> Used Car Sales Manager <input type="checkbox"/> Finance & Insurance Mgr. <input type="checkbox"/> New Car Sales <input type="checkbox"/> Used Car Sales <input type="checkbox"/> Used Car Appraiser
Parts Department	Marketing Department	Computer Skills/Experience	Other Experience/please specify:
<input type="checkbox"/> Parts Manager <input type="checkbox"/> Parts Clerk	<input type="checkbox"/> Telemarketing <input type="checkbox"/> Customer Service <input type="checkbox"/> Survey Design/ Implementation	<input type="checkbox"/> Windows <input type="checkbox"/> MS DOS	

SERVICE TECHNICIAN CERTIFICATIONS

(Please check off those categories where you possess a *current* certification through the State of Michigan)

Automobile and Light Truck repair categories for vehicles under 10,000 pounds G.V.W.	Automobile and Light Truck repair categories for vehicles over 10,000 pounds G.V.W.
<input type="checkbox"/> Engine Repair <input type="checkbox"/> Engine Tune-Up/Performance <input type="checkbox"/> Front End, Suspension & Steering Systems <input type="checkbox"/> Brakes and Braking Systems <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Manuel Transmission, Front and Rear Drive Axles <input type="checkbox"/> Electrical Systems <input type="checkbox"/> Heating & Air Conditioning <input type="checkbox"/> Collision-related Mechanical Repair <input type="checkbox"/> Unitized Body Structural Repair <input type="checkbox"/> Pre-1973 Vehicles	<input type="checkbox"/> Engine Repair - Gasoline <input type="checkbox"/> Engine Repair – Diesel <input type="checkbox"/> Drive Train <input type="checkbox"/> Brakes and Braking Systems <input type="checkbox"/> Suspension & Steering Systems <input type="checkbox"/> Electrical Systems <input type="checkbox"/> Collision-related Mechanical Repair

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT (INCLUDING MILITARY, PART-TIME, SUMMER, AND VOLUNTEER) (ATTACH ADDITIONAL SHEETS IF NECESSARY)

EMPLOYER #1	FROM		STARTING SALARY	REASON FOR LEAVING (Please Explain)
	MO.	YR.		
NAME OF EMPLOYER			\$	
ADDRESS	TO		ENDING SALARY	
	MO.	YR.	\$	
CITY, STATE, ZIP				VOLUNTARY? <input type="checkbox"/> YES <input type="checkbox"/> NO
PHONE NO.	TYPE OF BUSINESS			NAME & TITLE OF IMMEDIATE SUPERVISOR
JOB TITLE AND DUTIES				MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

HOURS PER WEEK

EMPLOYER #2	FROM		STARTING SALARY	REASON FOR LEAVING (Please Explain)
	MO.	YR.		
NAME OF EMPLOYER			\$	
ADDRESS	TO		ENDING SALARY	
	MO.	YR.	\$	
CITY, STATE, ZIP				VOLUNTARY? <input type="checkbox"/> YES <input type="checkbox"/> NO
PHONE NO.	TYPE OF BUSINESS			NAME & TITLE OF IMMEDIATE SUPERVISOR
JOB TITLE AND DUTIES				MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

HOURS PER WEEK

EMPLOYER #3		FROM		STARTING SALARY	REASON FOR LEAVING (Please Explain)
		MO.	YR.		
NAME OF EMPLOYER				\$	VOLUNTARY? [] YES [] NO
ADDRESS		TO		ENDING SALARY	
		MO.	YR.	\$	NAME & TITLE OF IMMEDIATE SUPERVISOR
CITY, STATE, ZIP					
PHONE NO.		TYPE OF BUSINESS			
JOB TITLE AND DUTIES					MAY WE CONTACT EMPLOYER? [] YES [] NO
HOURS PER WEEK					
<p>HAVE YOU EVER BEEN DISCHARGED, SUSPENDED OR ASKED TO RESIGN FROM EMPLOYMENT? [] YES [] NO</p> <p>IF YES, LIST EMPLOYER(S) AND EXPLAIN:</p> <p>HAVE YOU ENTERED INTO A NON-COMPETE, NON-SOLICIT, CONFIDENTIALITY OR OTHER AGREEMENT THAT MAY RESTRICT YOU IN ANY WAY FROM PERFORMING DUTIES FOR THE COMPANY? [] YES [] NO</p> <p>IF YES, PLEASE PROVIDE THE DATE(S) OF THE AGREEMENT(S), WITH WHOM YOU ENTERED INTO THE AGREEMENT, AND PROVIDE A COPY OF THE AGREEMENT(S):</p>					

U.S. MILITARY SERVICE RECORD

U.S. BRANCH OF SERVICE:	DATES OF SERVICE:	TYPE OF DISCHARGE*, DISCHARGE DATE, AND RANK AT DISCHARGE:
JOB SPECIALTY:	DESCRIBE ANY SPECIALIZED TRAINING AND DUTIES:	

**A less-than-honorable discharge is not an absolute bar to employment, depending on the nature of the job sought. Further, a medical discharge will have no impact on your employment chances unless you are unable to perform the essential functions of the job for which you have applied with or without a reasonable accommodation.*

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EDUCATION

EDUCATION

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GPA	GRADUATED	DEGREE	SCHOLARSHIP OR AWARDS
HIGH SCHOOL			9 10 11 12		<input type="checkbox"/> YES <input type="checkbox"/> NO	DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/>	
COLLEGE			1 2 3 4		<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE			1 2 3 4		<input type="checkbox"/> YES <input type="checkbox"/> NO		
GRADUATE SCHOOL			1 2 3 4		<input type="checkbox"/> YES <input type="checkbox"/> NO		
BUSINESS TRADE OTHER			1 2 3 4		<input type="checkbox"/> YES <input type="checkbox"/> NO		

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TELL US ABOUT YOURSELF

INDIVIDUAL CHARACTERISTICS

WHAT MOTIVATES YOU?

WHY ARE YOU A GOOD FIT FOR THIS POSITION?

WHY IS THIS COMPANY A GOOD FIT FOR YOU?

LIST ANY OTHER EXPERIENCE, TRAINING, SKILLS OR OTHER QUALIFICATIONS, INCLUDING HOBBIES, WHICH YOU BELIEVE SHOULD BE CONSIDERED IN EVALUATING YOUR QUALIFICATIONS FOR EMPLOYMENT.

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REFERENCES

PERSONAL OR BUSINESS REFERENCES

GIVE THE NAMES AND CONTACT INFORMATION OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN THAT WE MAY CONTACT FOR A REFERENCE. NOTE: FAILURE TO SUPPLY AT LEAST THREE (3) EMPLOYMENT REFERENCES WILL LESSEN YOUR CHANCES OF EMPLOYMENT WITH THE COMPANY.

#1	NAME	OCCUPATION	BUSINESS PHONE
HOME ADDRESS	HOME PHONE	TITLE	RELATIONSHIP
CITY AND STATE (ZIP)		HOW LONG KNOWN	
EMAIL			
#2	NAME	OCCUPATION	BUSINESS PHONE
HOME ADDRESS	HOME PHONE	TITLE	RELATIONSHIP
CITY AND STATE (ZIP)		HOW LONG KNOWN	
EMAIL			
#3	NAME	OCCUPATION	BUSINESS PHONE
HOME ADDRESS	HOME PHONE	TITLE	RELATIONSHIP
CITY AND STATE (ZIP)		HOW LONG KNOWN	
EMAIL			

HR USE ONLY		
INTERVIEW DATE:	INTERVIEWED BY:	
COMMENTS:		
HIRED: [] YES [] NO	DATE STARTING:	STARTING WAGE: \$
DEPARTMENT:	POSITION:	
SIGNATURE:		

**APPLICANT'S CERTIFICATION AND AGREEMENT
PLEASE READ BEFORE SIGNING**

EVERY ANSWER AND EVERY FACT PROVIDED BY THE APPLICANT ON THIS FORM IS MATERIAL TO THE COMPANY'S HIRING DECISION. AS THE APPLICANT, I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Initial: _____

Questions regarding this Certification and Agreement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

I agree to immediately notify the Mike Dorian Ford, Inc. ("Dorian" or the "Company") if I am arrested for or convicted of a felony, or any crime involving dishonesty, breach of trust, controlled substances, abuse or violence while my application is pending or, if hired, during my employment. Initial: _____

I understand that Michigan law requires employers to make reasonable accommodations to disabled employees where the accommodation does not impose an undue hardship on the employer. I further understand that in Michigan, disabled employees and applicants must request an accommodation for their disability by notifying the Company in writing, of the need for accommodation within one hundred eighty-two (182) days of the date the individual knows, or should know, that an accommodation is needed. Failure to properly notify the Company will preclude any claim that the Company failed to accommodate the disability. Initial: _____

I agree that any action, lawsuit, claim or charge against the Company and/or its successors, assigns, subsidiaries, affiliates, and all past and present officers, directors, employees and agents in their individual and representative capacities of the foregoing entities arising out of my application, employment or termination, including but not limited to claims arising under state or federal civil rights statutes, must be brought within one hundred eighty (180) days of the event giving rise to the claim(s) or within the limitations period contained in the statute I am suing under, whichever is shorter. I understand and agree that any action or lawsuit filed outside this limitations period is barred forever. I waive any limitation period to the contrary. This provision does not prohibit the timely filing of a charge with a federal administrative agency, but unless filed within 180 days (or in less time if any applicable law requires), I voluntarily waive my right to recover money damages or other relief as permitted by law. Initial: _____

I authorize the Company or its representative to investigate my education, work and professional history and verify all data provided during the application process and throughout my employment. I agree to submit to a background check, including drug testing, if requested by the Company. I release the Company from any liability that might arise from such investigation and/or testing. I request that previous employers contacted by the Company in connection with this application fully respond to all inquiries concerning such previous employment. I specifically waive prior written notice of disclosure of my personnel record information including salary information, disciplinary reports, and job performance, in consideration of the acceptance of my application, and release the Company, its agents and my previous employers from any liability arising out of such response and disclosure. I understand that employment arising out of this application is contingent upon the results of this investigation and/or testing. Initial: _____

I agree that if I am hired the Company may terminate my employment at will at any time for any reason or no reason at all. I understand that no representative of the Company has any authority to enter into any agreement for any specific period of time, or to make any agreement contrary to the foregoing. Any agreement altering the terminable at-will nature of the employment relationship must be in writing and signed by me and the President of the Company. I further recognize that, if hired, my compensation and benefits are subject to change by the Company with or without notice. I acknowledge that my assigned work hours and place of work may be modified by the Company.

Initial: _____

I have read, understand, and agree to the above statements and conditions of employment.

APPLICANT AND/OR EMPLOYEE SIGNATURE _____ DATE _____