



EMPLOYMENT APPLICATION

3663 N. Reserve - P.O. Box 16025 - Missoula, MT 59808
 (406) 721-2438 www.KarlTylerAutoGroup.com

Position applying for: _____ Date available for work: _____

Last Name		First Name		Middle Initial	
Social Security Number			Email		
Street Number	Street Name (or P.O. Box)		City	State	Zip Code
Day Phone		Cell Phone		Message Phone	

Do you have a valid Driver's License? Yes _____ No _____ If yes, State _____ Type & Number: _____
 Have you ever been convicted of a felony? If yes, explain _____
 Are you legally authorized to work in the United States? Yes _____ No _____
 U.S. Military or Naval Service? Yes _____ No _____ If yes, Branch & Rank _____ Dates of Service _____

EDUCATION HISTORY	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

SKILLS & EXPERIENCE - Check (v) skills you personally possess noting length of time utilizing skills

<input type="checkbox"/>	Computer	<input type="checkbox"/>	Cashiering	<input type="checkbox"/>	Mechanic	<input type="checkbox"/>	Truck Driving
<input type="checkbox"/>	Data Entry	<input type="checkbox"/>	Customer Service	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Restaurant Cook
<input type="checkbox"/>	Typing Speed _____ WPM	<input type="checkbox"/>	Sales	<input type="checkbox"/>	Landscaping	<input type="checkbox"/>	Restaurant Waiter/Waitress
<input type="checkbox"/>	Ten Key	<input type="checkbox"/>	Marketing	<input type="checkbox"/>	Painting	<input type="checkbox"/>	
<input type="checkbox"/>	Receptionist	<input type="checkbox"/>	Managerial Skills	<input type="checkbox"/>	Carpentry	<input type="checkbox"/>	
<input type="checkbox"/>	Accounting	<input type="checkbox"/>	Vehicle Washing	<input type="checkbox"/>	Farming	<input type="checkbox"/>	
<input type="checkbox"/>	Filing	<input type="checkbox"/>	Auto Body	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	

Please describe your customer service experience in detail listing place of employment and dates (**be specific**) where performed. _____

EMPLOYMENT HISTORY – List most recent employment first

Starting Date:	Ending Date:	Name & Address of Employer
Title/Position:	Salary:	Reason for Leaving:
Supervisor's Name:	Phone No.:	May we contact this employer? Yes _____ or No _____
Description of job duties:		

EMPLOYMENT HISTORY (continued)

Starting Date:	Ending Date:	Name & Address of Employer
Title/Position:	Salary:	Reason for Leaving:
Supervisor's Name:	Phone No.:	May we contact this employer? Yes _____ or No
Description of job duties:		

Starting Date:	Ending Date:	Name & Address of Employer
Title/Position:	Salary:	Reason for Leaving:
Supervisor's Name:	Phone No.:	May we contact this employer? Yes _____ or No
Description of job duties:		

REFERENCES – List three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	BUSINESS/TITLE	PHONE NUMBER	YEARS KNOWN

AUTHORIZATION

“I certify that the facts contained in this application are true and correct to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed which I have checked “yes” above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.”

“I authorize Karl Tyler Chevrolet to obtain driver’s license information from any state or jurisdiction that I have been licensed to drive motor vehicles.”

Applicant’s Signature _____ Date _____

-----DO NOT WRITE BELOW THIS LINE -----

Interviewed by _____ Date _____

REMARKS _____

Neatness:	Character:
Personality:	Ability:
Hiring Info:	

DRIVER'S LICENSE CHECK FORM



PLEASE PRINT

I, _____, authorize Karl Tyler Chevrolet, Inc. to conduct a driver's license check for the purpose of employment consideration.

STATE LICENSED: _____ DRIVER'S LICENSE NUMBER: _____

SSN: _____ DATE OF BIRTH: _____

APPLICANT SIGNATURE

DATE

WITNESS SIGNATURE