### **PLEASE:**

WHEN LISTING FORMER EMPLOYERS, INCLUDE PHONE NUMBERS.

FOR PAST EMPLOYMENT, FILL IN COMPLETE WORK HISTORY DATING BACK TO YOUR FIRST JOB FROM HIGH SCHOOL OR COLLEGE GRADUATION.

THANK YOU.

# Policy Statement And Notice To Applicants Of Pre-Employment Drug Testing

Schlossmann Imports, Inc. recognizes that the improper use of drugs jeopardizes the health, safety and well-being of the user, other employees, customers and the general public. It causes accidents and injuries, adversely affects productivity and morale and contributes to excessive absenteelsm and tardiness.

Because the safety and well-being of our employees, customers and the general public are of paramount concern to us, we are striving to create a drug free work environment. We have developed a pre-employment drug testing policy to help us achieve this goal. This pre-employment drug testing policy has been developed to keep our workplace free from drug influenced or impaired employees in a manner which respects and recognizes the dignity of all our employees.

As a condition of hire with Schlossmann Imports, all persons seeking employment will be required to submit to a drug test for the detection of use of drugs. The test result — must be negative or the person will not be allowed to work for the company. The company will not hire persons who use drugs, except according to a medically acceptable prescription and when used according to the prescription.

After a conditional offer of employment has been made, an applicant will be required to consent to the collection and testing of a urine sample, and release of the test results to the company. Failure to consent to or cooperate with the collection and testing procedures, or release of information, or otherwise interfere with the testing or reporting of information will result in the applicant being denied employment due to the refusal or failure to cooperate.

The company has on record a complete policy and procedure statement concerning the testing, hiring and rejection of persons based on test results. Questions regarding the company's pre-employment drug testing policy, including an opportunity to review the complete policy, should be directed to the office manager at Schlossmann Imports, Inc. 3450 S. 108th street, greenfield, WI 53227.

We encourage all of our current employees to seek evaluation and treatment if they believe they may have a problem with drug use.

Bradley Schlossmann

Schlossmann Imports, Inc.

Brod Jehlosman

## SCHLOSSMANN AUTOMOTIVE GROUP APPLICATION FOR EMPLOYMENT

#### PLEASE READ BEFORE FILLING OUT THIS APPLICATION

This Dealership does not discriminate in hiring or employment on the basis of any categories protected by State or Federal law. No question on this application is intended to secure information to be used for such discrimination.

The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

|  |                        |   |  | (SOCI  | AL SECURITY NUMBER)                         |
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| NERAL INFORMAT  OFFICE  Office Manager   | ION<br>ACTUAL EXI<br>S | PERIENCE IN ANY OF ERVICE DEPARTMENT  _ Service Manager   | THE FOLLOWING — SALES DEPART   | Please Check<br>MENT<br>es Manager<br>lles Manager                         | PARTS DEPARTMENT Parts Manager              |
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A conviction will not necessarily disqualify you from employment, it will be considered only as it may relate to the job you are seeking.

| ADDRESS These Perso  | (LIST                               | PERSONS THAT          | HAVE WORKED                | WITH YO   | U IN THE  | PAST)             |                  |   |
|--|-------------------------------------|-----------------------|----------------------------|-----------|-----------|-------------------|------------------|---|
| Starting with PRESENT or MOST RECENT, list all previous employers. List only employers located within the United States. Include self-employment, summer and part-time jobs.  Name and Address of Employer  COMPANY NAME NUMBER 8 STREET  COTY 8 STATE  COMPANY NAME NUMBER 8 STREET  CITY 8 SUpervisor, Position & Dutles  Name and Address of Employer  Dates Employed  Salary Reason for Leaving  Leaving  Reason for Leaving  Company Now, Mo./Yr. No./Yr. No./Yr. No./Yr. No./Yr. No./Yr. No./Yr. No./Yr. Starting Leaving  Leaving  Reason for Leaving  Company No./Yr. No./Yr. No./Yr. Starting Leaving  Reason for Leaving  Company No./Yr. No./Yr. No./Yr. Starting Leaving  Reason for Leaving  Company No./Yr. No./Yr. No./Yr. Starting Leaving  Reason for Leaving  Company No./Yr. No./Yr | NAME                                | occu                  | PATION                     | (         | ADDRE     | SS<br>State)      | PHONE #          | No. of Years<br>These Persons<br>Have Known You   |
| Starting with PRESENT or MOST RECENT, list all previous employers. List only employers located within the United States. Include self-employment, summer and part-time jobs.  Name and Address of Employer  Dates Employed  Salary  Reason for Leaving  Mo./Yr. Mo./Yr.  Name and Address of Employer  Dates Employed  Salary  Reason for Leaving  Dates Employer  Dates Employed  Salary  Reason for Leaving  Dates Employed  No./Yr. Mo./Yr.  Mo./Yr. Mo./Yr.  Mo./Yr |                                     |                       |                            |           |           |                   |                  |   |
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| COMPANY NAME NAME NAME NAME NAME NAME NAME NAME  |                                     | jobs.                 | *                          |           |           |                   |                  |   |
| Mo_Yr_ Mo_Yr_ Mo_Yr_ STATE ZIP  Name and Address of Employer  COMPANY NAME ASSINCE ZIP  Name and Address of Employer  Dates Employed  Salary  Reason for Leaving  Starting  Mo_Yr_ Mo_Yr |                                     |                       |                            |           |           | Reas              | on for Leaving   |   |
| Name and Address of Employer  Dates Employed  From To Mo./Yr. Mo./Yr.  NUMBER & STATE ZIP  Name and Address of Employer  Dates Employed  Starting  Leaving  Reason for Leaving  Reason for Leaving  Reason for Leaving  Starting Leaving  Mo./Yr.  Mo./Yr.  Starting Leaving  Reason for Leaving  Starting Leaving  Starting Leaving  Starting Leaving  Starting Leaving  Starting Leaving  Starting Leaving  Reason for Leaving  Reason for Leaving  COMPANY  NAME  Mo./Yr.  NAME  Mo./Yr.  NAME  NUMBER & STREET  CITY & STATE ZIP   | NAME NUMBER & STREET CITY &         |                       | From To<br>Mo./Yr. Mo./Yr. | Starting  | Leaving   |                   |                  |   |
| COMPANY NAME NUMBER & STREET CITY & STATE ZIP Supervisor, Position & Duties  Name and Address of Employer  COMPANY NAME NUMBER & STATE ZIP  Dates Employed Salary Reason for Leaving  From To Mo./Yr. Mo./Yr.  Starting Leaving  Leaving  Reason for Leaving  From To NAME NUMBER & STREET CITY & STATE ZIP  STATE ZIP   |                                     |                       |                            | 1         |           |                   |                  |   |
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| COMPANY NAME  NUMBER & STREET  CITY & STATE ZIP  |                                     |                       |                            | •         |           |                   |                  |   |
| COMPANY NAME  NUMBER & STREET  CITY & STATE ZIP  | Name and Address of Employer        |                       | Dates Employed             | Sa        | alary     | Reas              | son for Leaving  |   |
| STREET CITY & STATE ZIP  | COMPANY<br>NAME                     |                       |                            | Starting  | Leaving   |                   |                  | April processed Market Spring Published |
| Supervisor, Position & Duties  | STREET CITY & STATE ZIP             |                       |                            |           |           | ' x*              |                  |   |
|  | Supervisor, Position & Duties       |                       |                            |           |           |                   |                  |   |
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If you need more space, please request a separate sheet of paper.

| b Title   |                                       |         |        |            |   |           |
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| EMERGENCY INFORMATIO  | N.                                    |         |        |            |   |           |
| case of accident or emergency   |                                       |         |        |            |   |           |
| case of accident of emergency   | who should we contact:                |         | ı      |            |   |           |
| ame   | Relationship                          | 0       |        | Telephone  |   |           |
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#### **DRIVING INFORMATION** Do you have a current driver's license? ☐ Yes ☐ No Lic. No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Has your driver's license ever been suspended or revoked? ☐ Yes □ No If Yes, please explain circumstances:\_ Name of Insurance Company: \_\_\_ Do you have personal automobile insurance? ☐ No Yes Has your personal automobile insurance ever been cancelled? ☐ Yes □ No If Yes, please explain circumstances:\_ Have you ever been convicted, or are charges currently pending against you, for driving under the influence (DUI) or driving while intoxicated (DWI)?

| ☐ Yes               | ☐ No                           |                        |         | -    |          |
|---------------------|--------------------------------|------------------------|---------|------|----------|
| If Yes, p           | lease explain circumstan       | ces and outcome:       |         |      |          |
| Please list all mov | ring traffic violations in the | e last five (5) years: | ,       |      |          |
| Offense             | Date                           | Location               | Offense | Date | Location |
| Offense             | Date                           | Location               | Offense | Date | Location |
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| I understand that references will be contact in my application.  | ted, and that appropriate work-related references are not limited   | d to those listed      |
|--|---|------------------------|
| and work experience and to secure records of lice contact any other information source relevant to experience. | to contact and secure information about my education censing, administrative, regulatory or any other governmental agreemployability. I hereby releaseseeking such information, and all other persons, schools, corporation, and all other persons. | gency, and to<br>, its |

#### PLEASE READ, and if you have any questions regarding this statement, please ask the interviewer before signing.

In the event of my employment by this dealership, I understand that the term of my employment may be terminated at the will of myself or my employer at anytime. I further understand that no employee of the dealership is authorized to promise me anything to the contrary. I also understand that all policy manuals, handbooks or personnel policies are descriptive only, may be unilaterally changed and are not intended to form a contract between myself and the dealership.

I authorize the dealership to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with legal and proper interest.

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 certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably.

I hereby acknowledge that I have read the above statement and understand the same.

DATE

|                            | • |      |
|----------------------------|---|------|
| <br>Signature of Applicant | , | Date |
|                            |   |      |

**SIGNATURE** 

## PLEASE PROVIDE COMPLETE WORK HISTORY

| lame and Address of Employer  | Date   |   | 8a  | ay i             | Reason for Leaving   |
|---|--|---|---|------------------|--|
| COMPANY<br>VAME   | From Mo./Yr.   | of<br>ayyoM   | Starting  | Leaving          | and the second s |
| UNBER &<br>Treet  |  |   |   | ·                |  |
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| ame and Address of Employer   |  | s Employed  | 1   | lary             | Reason for Leaving   |
| OMPANY  | From Mo./Yr.   | To<br>Mo.Yr.  | Starting  | Leaving          |  |
| UMBER & TREET   |  |   |   |                  |  |
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|   |  | kulling of Liberty specific with Philosophys specific production and the Company of the Company |   |                  |  |
| ame and Address of Employer   | Date   | s Employed  | T Se  | alary            | Reason for Leaving   |
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| COMPANY<br>IAME<br>IUMBER &   |  | То  | 1   |                  | Reason for Leaving   |
| CMPANY<br>AME<br>UMBER &<br>TREET   | From   | To  | 1   |                  | Reason for Leaving   |
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| COMPANY<br>LAME<br>JUMBER &<br>STREET<br>STY &<br>STATE ZIP   | From   | To  | 1   |                  |  |
| COMPANY LAME LUMBER & STREET STY & STATE ZIP Supervisor, Position & Duties  | From Mo.Yr   | To  | Starting  |                  |  |
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| Supervisor, Position & Duties  arms and Address of Employer  OMFANY  AME  UMBER &  TREET  | Prom Mo./Yr  | To<br>Mo./yr.   | Starting  | Leaving          | Reason for Leaving   |

PLEASE PROVIDE COMPLETE WORK HISTORY ASK FOR ADDITIONAL PAGES IF NEEDED