

**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 absenteeism 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.



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Bradley Schlossmann

Schlossmann Imports, Inc.

# 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.

			(SOCIAL SECURITY NUMBER)
(FIRST)	(MIDDLE)	(LAST)	(HOME TELEPHONE NUMBER)
Address _____		(STREET)	(BUSINESS TELEPHONE NUMBER)
(CITY)	(NUMBER)	(STATE)	(LENGTH OF TIME AT THIS ADDRESS)
			(ZIP CODE)

List previous address within the United States, except Military, if address changed during the past year.

STREET	CITY	STATE	FROM (DATE) TO
Type of work desired _____		Salary requirements _____	

Are you over 18 years of age?  Yes  No Date available for work \_\_\_\_\_

### GENERAL INFORMATION

**ACTUAL EXPERIENCE IN ANY OF THE FOLLOWING – Please Check**

OFFICE	SERVICE DEPARTMENT	SALES DEPARTMENT	PARTS DEPARTMENT
<input type="checkbox"/> Office Manager	<input type="checkbox"/> Service Manager	<input type="checkbox"/> New Car Sales Manager	<input type="checkbox"/> Parts Manager
<input type="checkbox"/> Receptionist	<input type="checkbox"/> Service Advisor	<input type="checkbox"/> Used Car Sales Manager	<input type="checkbox"/> Parts Clerk
<input type="checkbox"/> Bookkeeper	<input type="checkbox"/> Technician	<input type="checkbox"/> New Car Salesperson	<input type="checkbox"/> Parts Delivery Driver
<input type="checkbox"/> Asst. Bookkeeper	<input type="checkbox"/> Lubricator	<input type="checkbox"/> Used Car Salesperson	
<input type="checkbox"/> Clerk	<input type="checkbox"/> Porter/Janitor		
<input type="checkbox"/> Title Clerk	<input type="checkbox"/> Security		
<input type="checkbox"/> Typist	<input type="checkbox"/> Car Washer/Polisher		
<input type="checkbox"/> Cashier	<input type="checkbox"/> Painter		
<input type="checkbox"/> Computer Operator	<input type="checkbox"/> Trimmer (Upholsterer)		
		What makes of cars do you know best? _____	

Have you ever been convicted of a felony?  Yes  No If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

A conviction will not necessarily disqualify you from employment, it will be considered only as it may relate to the job you are seeking.

## JOB REFERENCES

(LIST PERSONS THAT HAVE WORKED WITH YOU IN THE PAST)

NAME	OCCUPATION	ADDRESS (City and State)	PHONE #	No. of Years These Persons Have Known You

## EMPLOYMENT RECORD

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
	From Mo./Yr.	To Mo./Yr.	Starting	Leaving	
COMPANY NAME					
NUMBER & STREET					
CITY & STATE    ZIP					
Supervisor, Position & Duties					

Name and Address of Employer	Dates Employed		Salary		Reason for Leaving
	From Mo./Yr.	To Mo./Yr.	Starting	Leaving	
COMPANY NAME					
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If you need more space, please request a separate sheet of paper.

If you are now employed, may we contact your present employer?  Yes  No

## MILITARY SERVICE RECORD

Have you served in the Armed Forces of the United States?  Yes  No

Job Title \_\_\_\_\_

Skills \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMERGENCY INFORMATION

In case of accident or emergency who should we contact?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_  
(Home) (Business)

Address \_\_\_\_\_  
(Number) (Street) (City) (State) (Place of Work) (City) (State)

## EDUCATION

NAME	ADDRESS	CITY	STATE	MAJOR COURSE OR SUBJECT	CIRCLE LAST YEAR COMPLETED	DEGREE
HIGH SCHOOL OR PREPARATORY					1 2 3 4	
BUSINESS SCHOOL					1 2 3 4	
COLLEGE					1 2 3 4	
GRADUATE WORK					1 2 3 4	

List scholastic honors, offices held and activities in high school and college:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you planning to pursue further studies?  Yes  No  Day school  Night school

**DRIVING INFORMATION**

Do you have a current driver's license?  Yes  No

State: \_\_\_\_\_ Lic. No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has your driver's license ever been suspended or revoked?  Yes  No

If Yes, please explain circumstances: \_\_\_\_\_

Do you have personal automobile insurance?  Yes  No Name of Insurance Company: \_\_\_\_\_

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, please explain circumstances and outcome: \_\_\_\_\_

Please list all moving traffic violations in the last five (5) years:

Offense	Date	Location

Offense	Date	Location

**REFERENCE AUTHORIZATION**

I understand that references will be contacted, and that appropriate work-related references are not limited to those listed in my application.

I authorize \_\_\_\_\_ to contact and secure information about my educational background and work experience and to secure records of licensing, administrative, regulatory or any other governmental agency, and to contact any other information source relevant to employability. I hereby release \_\_\_\_\_, its subsidiaries, officers and agents from liability for seeking such information, and all other persons, schools, corporations or organizations for furnishing such information.

\_\_\_\_\_ DATE SIGNATURE

**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.

\_\_\_\_\_ Signature of Applicant Date

# PLEASE PROVIDE COMPLETE WORK HISTORY

Name and Address of Employer	Dates Employed		Salary		Reason for Leaving
	From Mo./Yr.	To Mo./Yr.	Starting	Leaving	
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NUMBER & STREET					
CITY & STATE ZIP					
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**PLEASE PROVIDE COMPLETE WORK HISTORY  
ASK FOR ADDITIONAL PAGES IF NEEDED**