

# The Lowe Group

## The Lowe Automotive Group APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION			TODAY'S DATE		/ /	
Name	_____			_____		
	Last	First	MI	Social Security #		
Address	_____					
	Number	Street		City	State	Zip Code
Home Telephone #	( ) _____		Work #	( ) _____		
	Area Code	Number	Area Code	Number		
Date of Birth	_____		Are you legally eligible to work in the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Driver's License Number#	_____					

POSITION DESIRED	
What kind of position are you applying for? (Check One)	<input type="checkbox"/> Driver <input type="checkbox"/> Warehouse <input type="checkbox"/> Phone <input type="checkbox"/> Office
What type of employment do you want? (Check One)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal
What are the two (2) most important factors to you in choosing a job?	1 _____
What are your wage expectations per hour? \$ _____	2 _____

WORK SCHEDULE													
What is the minimum (fewest) number of hours you would consider acceptable?	Per Week _____ Per Day _____												
Can you work a flexible schedule? (Days and number of hours scheduled are different every week)	<input type="checkbox"/> Yes <input type="checkbox"/> No												
What schedule are you available to work? (Time-- Include AM or PM)													
<table border="1"><thead><tr><th>Monday</th><th>Tuesday</th><th>Wednesday</th><th>Thursday</th><th>Friday</th><th>Saturday</th></tr></thead><tbody><tr><td>From _____ To _____</td><td>From _____ To _____</td><td>From _____ To _____</td><td>From _____ To _____</td><td>From _____ To _____</td><td>From _____ To _____</td></tr></tbody></table>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	From _____ To _____	From _____ To _____	From _____ To _____	From _____ To _____	From _____ To _____	From _____ To _____	
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday								
From _____ To _____	From _____ To _____	From _____ To _____	From _____ To _____	From _____ To _____	From _____ To _____								

OTHER INFORMATION	
Provide any additional information not previously listed that you would like us to know. ..... .....	
Have you ever been terminated from a job or asked to resign? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, list dates and explain:
Do you have transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Can you perform the essential functions of the job for which you are applying, with or without reasonable accomodation? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Employment Source:	<input type="checkbox"/> Classified Ad <input type="checkbox"/> Walk-in <input type="checkbox"/> School/College <input type="checkbox"/> Other <input type="checkbox"/> Agency <input type="checkbox"/> Former Employee <input type="checkbox"/> Employee Referral

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## EMPLOYMENT HISTORY

Begin with your current or most recent position and include military service, full time jobs, part time jobs, and self employment.

NOTE: Even if we have your resume, please complete the WORK HISTORY in detail.

May we contact your present employer?  YES  NO

Company:	Telephone Number:	Your Position:
Address:	Duties:	
Dates Employed:	Supervisor:	Supervisor Title:
Reason For Leaving:		Earnings(Starting/Ending)

  

Company:	Telephone Number:	Your Position:
Address:	Duties:	
Dates Employed:	Supervisor:	Supervisor Title:
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Company:	Telephone Number:	Your Position:
Address:	Duties:	
Dates Employed:	Supervisor:	Supervisor Title:
Reason For Leaving:		Earnings(Starting/Ending)

## EDUCATION

High School (or G.E.D.): <small>(name and address)</small>	Dates Attended:	Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Major course of study:
College: <small>(name and address)</small>	Dates Attended:	Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Major course of study:

Have you taken any other specialized courses/seminars?  YES  NO

If yes, please describe: \_\_\_\_\_

## CHARACTER REFERENCES: Give three (3) references who are not relatives or former employers

Name:	Occupation:	Years Known:	Telephone#:
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## EMERGENCY INFORMATION In case of emergency, please notify:

Name \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Last First MI Area Code Number

Address \_\_\_\_\_

Number Street City State Zip Code

## ACKNOWLEDGMENT

I authorize Lowe Automotive Group to verify my past employment and education, criminal records, credit history, motor vehicle records, personal references, and other job related data provided on this application or via the interview process. I authorize the appropriate individuals, companies, institutions, or agencies to release information and I release them from any liability as a result of such inquires or disclosures. I understand that false or misleading statements on this application or concealment of requested facts may be considered cause for disqualification or termination.

I understand that nothing in this employment application, in Lowe Automotive Group's statements or personnel guidelines or in my communications with any Lowe Automotive Group official is intended to create an employment contract between Lowe Automotive Group and me. I also understand that Lowe Automotive Group has the right to modify its policies without giving me any notice of the change(s).

I understand that if an employment relationship is established, I have the right to terminate my employment at any time. I also understand that Lowe Automotive Group retains the right to terminate my employment at any time.

NAME (print) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Lowe Automotive Group

St Louis, MO Springfield, MO Bloomington, IL Peoria, IL Milwaukee, WI Chicago, IL

Lowe Automotive Group  
1000 Camera Ave. Suite D  
St. Louis, MO 63126

Lowe Automotive Group and its affiliates.

A Motor Vehicle Report may be obtained as part of the Lowe Automotive Group evaluation of my job application and/or employment. The report may be procured by Lowe Automotive Group, or its insurance broker (The Cornerstone Insurance Group, LLC), and may include my driving record for use as an assessment of my insurability under the Company's insurance coverage. By signing this disclosure, I hereby authorize the Company to procure such report about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Sincerely,

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(Signature)

(Today's Date)

---

(Printed Name)

---

(Address)

(City, State, Zip)

---

(Drivers License #)

(State Issued In)

---

(Date of Birth)