

The Lowe Group

The Lowe Automotive Group APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION TODAY'S DATE / /

(Social Security # not needed at this time)

Name _____
Last First MI Social Security #

Address _____
Number Street City State Zip Code

Home Telephone # () _____ Work # () _____
Area Code Number Area Code Number

Are you legally eligible to work in the U.S.? Yes No

Driver's License Number# _____

POSITION DESIRED

What kind of position are you applying for? (Check One) Driver Warehouse Phone Office

What type of employment do you want? (Check One) Full Time Part Time 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) Yes No

What schedule are you available to work? (Time-- Include AM or PM)

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? YES NO

Employment Source: Classified Ad Walk-in School/College Other _____
 Agency Former Employee Employee Referral _____

The Lowe Group

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

EDUCATION

High School (or G.E.D.): (name and address)		Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Major course of study:
College: (name and address)		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:	Relationship	Telephone#:
Name:	Occupation:	Relationship	Telephone#:
Name:	Occupation:	Relationship	Telephone#:

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: _____ (Signature not need at this time) _____ 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,

(Signature not needed at this time)

(Signature)

(Today's Date)

(Printed Name)

(Address)

(City, State, Zip)

(DL# not needed at this time)

(Drivers License #)

(State Issued In)

(Date of Birth)