## APPLICATION FOR EMPLOYMENT

Gundie's Auto, Inc

## We are a drug-free workplace

Position Desired:			[ ] Part time [ ] Full time Date					
Name —— (Print) Present	Last		Firs	t	Middle How long have			
Address — Previous Address —	Street and Number	City	State	Zip Code	you lived there How long did you live there?	Years	Months	
	Street and Number	City	State	Zip Code	-you live there.	Years	Months	
Telephone	e No	s	ocial Secu	rity No	<del> </del>	E-Mail:		
	ever worked for this Con ase give dates and positi		e? []Ye	es []No				
	ever pled guilty or "no co ase give the date(s) and		been con	victed of, a	misdemeanor or	felony? [ ]	Yes []No	
[]Yes [			nich you cu	rrently are o	out on bail or on	your own re	cognizance pending trial	

NOTE: Answering "Yes" to the two previous questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged in answering these questions, or incidents that will not reasonably relate to the duties of the position for which you are applying.)

## **RECORD OF PREVIOUS EMPLOYMENT**

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary]

Present or Last Employer	Employed	<u>Pay</u>	Your Title or Position	Exact Reason for Leaving
Address  City, State, Zip Code	From (mo/yr)	\$ Start \$	Name and Title of	
Telephone	To (mo/yr)	Final	Name and Title of <u>Last Supervisor</u>	
Previous Employer	Employed	<u>Pay</u>	Your Title or Position	Exact Reason for Leaving
Address  City, State, Zip Code	From (mo/yr)	\$ Start \$		
Telephone	To (mo/yr)	Final	Name and Title of Last Supervisor	

Previous Employer	Employed	<u>Pay</u>	Your Title or Position	Exact Reason for Leaving			
Address  City, State, Zip Code	From (mo/yr)	\$ Start \$					
Telephone	To (mo/yr)	Final	Name and Title of Last Supervisor				
Previous Employer	Employed	<u>Pay</u>	Your Title or Position	Exact Reason for Leaving			
Address	From	\$ Start					
City, State, Zip Code Telephone	(mo/yr) To (mo/yr)	\$ Final	Name and Title of Last Supervisor				
Previous Employer	Employed	<u>Pay</u>	Your Title or Position	Exact Reason for Leaving			
Address	From	\$ Start					
City, State, Zip Code Telephone	(mo/yr)	\$ Final	Name and Title of Last Supervisor				
Тобрионо	To (mo/yr)		<u>aut supor nos.</u>				
Have you ever been terminated or asked to resign from any job? [ ] Yes [ ] No If yes, please explain circumstances:							
Please explain fully any gaps in your employment history:							
May we contact your current employer? [ ] Yes [ ] No. If No, please explain:							
Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying.							
Have you ever used another name? [] Yes [] No Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain:							
If hired, can you furnish proof that you are over 18 years of age? [] Yes [] No							
If a driver's license is required for the position for which you are applying, do you have a current valid driver's license?  [] Yes [] No Issuing State: License No.: Expiration Date:							
Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? [] Yes [] No							
Do you have adequate transportation to and from work? [] Yes [] No							

	NUMBER OF DAYS				
YEAR	NUMBER OF DAYS				
YEAR	NUMBER OF DAYS				
	NOMBER OF BATO				
EDUCATION		T	T		
School Name Yea Comp (Circ		Diploma/Degree	Describe Course of Study or Major		lls and Extra-
Elementary:	4 5 6 7 8				
High School:	9 10 11 12				
College/University:	1 2 3 4				
Graduate/Professional:	1 2 3 4				
Trade or Correspondence:					
Other:					
PERSONAL REFERENCES Please list persons who kno		evious employers or re	elatives		
**					
Name	Occupation		Address City and State)	Telephone Number	Number o Years Known
Name	Occupation				Years
Name	Occupation				Years
Name	Occupation				Years
ADDITIONAL INFORMATION Please indicate any actual w	DN vork experience you	have in the following	City and State)	Number	Years
ADDITIONAL INFORMATION Please indicate any actual was a solution of the property of the proper	DN vork experience you lager er Receivable Payable urk	have in the following    Receptionist   Clerical – Gener   Customer Service   Representative   Manager	positions:	Ard Inventory ismantling /arehouse / Parts Puller relivery uyer	Years
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## APPLICANT'S STATEMENT & AGREEMENT

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs or alcohol in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I further understand that the Company may contact my previous employers. I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself.

I hereby state that all the information that I have provided on this application, or any other documents completed or provided by me in connection with my application or employment, or in any interview is true and accurate. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any information provided to the Company is found to be false or incomplete in any respect, I may be dismissed.

I further agree and acknowledge that the Company and I will utilize binding arbitration to resolve all disputes that may arise out of the employment context. Both the Company and I agree that any claim, dispute, and/or controversy that either I may have against the Company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) or the Company may have against me, arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company shall be submitted to and determined exclusively by binding arbitration. I acknowledge that the Company's business and the nature of my employment in that business affect interstate commerce. I agree that the arbitration and this agreement shall be controlled by the Federal Arbitration Act, in conformity with the procedures of the Federal Rules of Civil Procedure. Both the Company and I agree that any arbitration proceeding must move forward under the Federal Arbitration Act (9 U.S.C. §§ 3-4) even though the claims may also involve or relate to parties who are not parties to the arbitration agreement and/or claims that are not subject to arbitration: thus, a court may not refuse to enforce this arbitration agreement and may not stay the arbitration proceeding despite any state statutory provision permitting such action. Included within the scope of this Agreement are all disputes, whether based on tort, contract, statute (including, but not limited to, any claims of discrimination and harassment, whether they be based on the Washington Human Rights Act, Title VII of the Civil Rights Act of 1964, as amended, or any other state or federal law or regulation), equitable law, or otherwise, with exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the Workers' Compensation Act, and Unemployment Compensation claims filed with the state, or as otherwise required by state or federal law. However, nothing herein shall prevent me from filing and pursuing proceedings before the United States Equal Employment Opportunity Commission or equivalent State agency (although if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of this Agreement). In addition to any other requirements imposed by law, the arbitrator selected shall be a retired federal or state trial court Judge, or otherwise qualified individual to whom the parties mutually agree, and shall be subject to disqualification on the same grounds as would apply to a judge of such court. All rules of pleading, all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment, and judgment on the pleadings, shall apply and be observed. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged. As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion. I understand and agree to this binding arbitration provision, and both the Company and I give up our right to trial by jury of any claim the Company or I may have against each other.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by either the Company (employer) or me at any time and for any reason whatsoever, with or without good cause.

This is the entire agreement between the Company and me regarding dispute resolution, the length of my employment, and the reasons for termination of employment, and this agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by the President of the Company. No supervisor or representative of the Company, other than its President, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing. Oral representations made before or after you are hired do not alter this Agreement.

If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

IF YOU HAVE A	NY QUESTIONS	REGARDING TH	IS STATEMENT.	PLEASE ASK A	COMPANY R	REPRESENTATIV	E BEFORE SIGNING.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREE	EMENT.
I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS	S, AND THAT I UNDERSTAND AND AGREE TO SAME.
<del></del>	
Signature of Applicant	Date