

# Gierisch Management Co., LLC

## APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

### **PLEASE READ BEFORE COMPLETING THIS APPLICATION**

This company does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age or veteran status. No question on this application is intended to secure information to be in a discriminatory manner. Your completed application will be reviewed carefully; but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

*(ANSWER QUESTIONS COMPLETELY!)*

### **PERSONAL DATA**

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ Telephone: Home \_\_\_\_/\_\_\_\_\_  
(Number) (Street)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Business \_\_\_\_/\_\_\_\_

Are you 18 years of age, or over? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_  
*(If you are hired, you will be required to furnish proof of your employment eligibility)*

Other names used in prior employment \_\_\_\_\_

### **FURNISH INFORMATION ONLY IF REQUESTED**

Driver License Number \_\_\_\_\_ State \_\_\_\_\_

### **GENERAL INFORMATION**

Applying for position as \_\_\_\_\_ Salary requirement \_\_\_\_\_  
Full-Time \_\_\_\_ Part-Time \_\_\_\_ Temporary \_\_\_\_

Date available \_\_\_\_\_ Do you object to shift work? Yes \_\_\_\_ No \_\_\_\_

Have you previously applied for employment with our company? Yes \_\_\_\_ No \_\_\_\_

If so, when? \_\_\_\_\_ Type of position for which you applied \_\_\_\_\_

How were you referred to our company? \_\_\_\_ Employee \_\_\_\_ Advertisement \_\_\_\_ School \_\_\_\_ Drop in  
\_\_\_\_ Agency \_\_\_\_ Other

Name of referral source indicated above \_\_\_\_\_

Have you ever pleaded guilty or no contest to, or been convicted of, a criminal offense (see "Convictions," pg 4)? For purposes of employment "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court ordered restitution \_\_\_\_ Yes \_\_\_\_ No

If yes, give dates & circumstances \_\_\_\_\_

Have you ever been involuntarily discharged from a position? \_\_\_\_ Yes \_\_\_\_ No

If yes, give dates & circumstances \_\_\_\_\_

**EMPLOYMENT HISTORY (LIST ALL POSITIONS YOU HAVE HELD, BEGINNING WITH YOUR MOST RECENT.)**

*(Include self-employment and volunteer work. Attach an additional sheet, if necessary.)*

Current, or last, employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Street address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ finish \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ / \_\_\_\_\_

Name and title of immediate supervisor \_\_\_\_\_ Your title \_\_\_\_\_

Description of duties \_\_\_\_\_

Reason(s) for terminating, or considering a change \_\_\_\_\_

May we contact this employer while we are considering your application? \_\_\_\_\_ Yes \_\_\_\_\_ No

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Next previous employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Street address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ finish \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ / \_\_\_\_\_

Name and title of immediate supervisor \_\_\_\_\_ Your title \_\_\_\_\_

Description of duties \_\_\_\_\_

Reason(s) for terminating, or considering a change \_\_\_\_\_

May we contact this employer while we are considering your application? \_\_\_\_\_ Yes \_\_\_\_\_ No

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Next previous employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Street address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ finish \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ / \_\_\_\_\_

Name and title of immediate supervisor \_\_\_\_\_ Your title \_\_\_\_\_

Description of duties \_\_\_\_\_

Reason(s) for terminating, or considering a change \_\_\_\_\_

May we contact this employer while we are considering your application? \_\_\_\_\_ Yes \_\_\_\_\_ No

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Next previous employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Street address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ finish \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ / \_\_\_\_\_

Name and title of immediate supervisor \_\_\_\_\_ Your title \_\_\_\_\_

Description of duties \_\_\_\_\_

Reason(s) for terminating, or considering a change \_\_\_\_\_

May we contact this employer while we are considering your application? \_\_\_\_\_ Yes \_\_\_\_\_ No

## EDUCATION INFORMATION

	PRINT NAME, CITY & STATE FOR EACH SCHOOL LISTED	DATES ATTENDED	TYPE OF COURSE OR MAJOR	GRADUATE?	DEGREE RECEIVED
High School		From			
		To			
College		From			
		To			
College		From			
		To			
Trade, Bus., Night		From			
		To			
Other		From			
		To			

Are you presently in school?  Yes  No If yes, give expected completion date \_\_\_\_\_

List courses you are taking \_\_\_\_\_

## SPECIAL SKILLS

List applicable professional or technical licenses/certifications relative to your ability to perform the functions of the position for which you are applying \_\_\_\_\_

\_\_\_\_\_

List awards, honorary positions or volunteer work relative to your ability to perform the functions of the position for which you are applying \_\_\_\_\_

\_\_\_\_\_

List equipment, machinery or special skills relative to your ability to perform the functions of the position for which you are applying. Include your skill level and/or years of experience \_\_\_\_\_

\_\_\_\_\_

## HEALTH INFORMATION

If offered the position, would you agree to a physical examination by a physician, clinic or other health care provider selected by the company?  Yes  No

Would you agree to a pre-employment and/or a post-employment drug screening by a physician, clinic or other health care provider selected by the company?  Yes  No

Do you smoke?  Yes  No

## PERSONAL REFERENCES

NAME	ADDRESS & PHONE NUMBER	FIRM NAME, ADDRESS & PHONE NUMBER	POSITION OR OCCUPATION	HOW LONG KNOWN

List below the names of relatives employed by this company and their relationship to you.


## MOTOR VEHICLE REPORT REQUEST

Name			Date of Birth	Drivers License Number	State	
Last	First	MI				
CHECK THE APPROPRIATE BOX FOR EACH QUESTION:					YES	NO
Have you ever been denied a driver's license or had one suspended or revoked?						
Have you had any violations in the past 3 years?						
Have you had any auto accidents in the past 3 years?						
IF THE ANSWER TO ANY QUESTION WAS "YES", please explain (give dates of violations and/or accidents)						
<b>DRIVER-</b> I hereby grant permission for Universal Underwriters to secure a Motor Vehicle Report on me. I also affirm that the statements made above are stated truthfully and without reservation.						
Signed this _____ day of _____, _____ Drivers Signature _____						

**PLEASE READ CAREFULLY BEFORE SIGNING**

**CONVICTIONS:** A conviction does not automatically mean that you will not be offered a job. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility. Give all facts, so that a fair decision can be made.

I hereby certify that the information provided on this application is accurate to the best of and subject to verification by this company, its affiliates and their representatives to investigate all information given ant to secure additional job-related information, if necessary. I authorize an investigative report to be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom I am acquainted. I understand and consent to an inquiry that may include information as to my character, general reputation, and personal characteristics; whichever may be applicable. This information may include, but not limited to, verification of previous employment and employment references, verification of education including for request for transcripts, credit reports, motor vehicle driving records and criminal reports, etc. I hereby release from all liability or responsibility all persons, companies, organizations or corporations furnishing such information.

I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment, or if employed, dismissal without advance notice.

In the event I am employed, I understand that all employees are subject to termination at the discretion of the company. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and, if I choose to give proper notice of termination, the company may either permit me to continue my employment during the notice period or may accept my resignation immediately.

I understand that, in the event I am employed by the company, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the company at the company’s discretion.

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

In the event of my employment, I will comply with all rules and regulations as set forth in the company’s policy manual or other communications distributed to all employees.

I also understand that my employment is conditional upon my satisfactorily passing a physical examination and/or drug screening, if one is requested, to be given by a physician, clinic or other health care provider selected by the company.

I understand that the completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

I, \_\_\_\_\_, agree to immediately notify Gierisch Management Co., LLC if I am convicted of a felony, or any crime involving dishonesty or a breach of trust while my application is pending or during my period of employment, if hired.

*I have read the above statements and accept them as conditions of my employment with the company.*

**Signature of Applicant**

**Date**

Roanoke Auto Supply, Ltd.  
608 North Pine Street  
Roanoke, Texas 76262  
817-430-8954



Gierisch Brothers Motor Company, Ltd.  
605 N. Walnut  
Roanoke, Texas 76262  
817-491-2149