



**NIAGARA FRONTIER AUTOMOBILE DEALERS ASSOCIATION
(NFADA)**

1144 WEHRLE DRIVE, WILLIAMSVILLE, NY 14221

(716) 631-8510 ~ (716) 631-0759 fax ~ toll free (800) 274-8510

PERSONAL INFORMATION

Date: _____

Last Name: _____

First Name: _____

Middle: _____

City, State, Zip: _____

Primary Telephone: _____

Email Address: _____

Have you ever applied for employment with us? yes no

If yes, month and year _____

Position Applying for _____

Do you have adequate means of getting to work? ~~Yes~~ ^ • ~~Yes~~ [

Age if Under 18 _____

Are you available for full-time work? yes no

Are you willing to work any shift? yes no

If not, please list hours of availability _____

Are you authorized to work in the United States? ~~Yes~~ ^ • ~~Yes~~ [

When are you available to begin work? _____

WORK EXPERIENCE

ACTUAL EXPERIENCE IN ANY OF THE FOLLOWING? PLEASE CHECK ALL THAT APPLY:

OFFICE	SERVICE DEPARTMENT / BODY SHOP	
<input type="checkbox"/> Office Manager <input type="checkbox"/> Stenographer <input type="checkbox"/> Bookkeeper <input type="checkbox"/> Asst. Bookkeeper <input type="checkbox"/> Clerk <input type="checkbox"/> Title Clerk <input type="checkbox"/> Typist <input type="checkbox"/> Telephone Operator <input type="checkbox"/> Cashier	<input type="checkbox"/> Service Manager <input type="checkbox"/> Shop Foreperson <input type="checkbox"/> Service Salesperson <input type="checkbox"/> Mechanic <input type="checkbox"/> Mechanic Helper <input type="checkbox"/> Body Repairperson <input type="checkbox"/> Body Shop Helper <input type="checkbox"/> Painter <input type="checkbox"/> Car Polisher <input type="checkbox"/> Body Shop Manager <input type="checkbox"/> Estimator <input type="checkbox"/> Dispatcher	<input type="checkbox"/> Trimmer (Upholsterer) <input type="checkbox"/> General Garage Worker <input type="checkbox"/> Lubrication Person <input type="checkbox"/> Porter <input type="checkbox"/> Janitor <input type="checkbox"/> Maintenance <input type="checkbox"/> Car Washer <input type="checkbox"/> Utility Serviceperson <input type="checkbox"/> Rustproofing <input type="checkbox"/> Detailer
SALES OFFICE	PARTS DEPARTMENT	
<input type="checkbox"/> New Car Sales Manager <input type="checkbox"/> Used Car Sales Manager <input type="checkbox"/> New Car Salesperson <input type="checkbox"/> Used Car Salesperson <input type="checkbox"/> Finance & Insurance	<input type="checkbox"/> Parts Manager <input type="checkbox"/> Parts Countersperson <input type="checkbox"/> Parts Clerk <input type="checkbox"/> Parts Driver	

What job-related skills have you developed that were not acquired through formal education?

What computer systems can you use?

GENERAL INFORMATION

A record of criminal conviction will not necessarily be a bar to employment, since the company will consider factors such as age at the time of the offense, the nature and seriousness of the violation, and the evidence of rehabilitation in making any employment decision. It is not necessary to report criminal conviction records which have been legally expunged.

Have you ever been convicted of a crime, other than minor traffic violations? Yes No

If yes, please explain: _____

MOTOR VEHICLE INFORMATION

Please complete this section if the job for which you are applying might require to drive company or customer vehicles.

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

License number and issuing state: _____

Have you had any accidents in the last five years? Yes No

If yes, please give details: _____

Have you been cited for any moving violations in the last five years? Yes No

If yes, please give details: _____

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

If yes, please explain: _____

**TYPE INFORMATION IN THE FORM AND THEN SAVE THE FORM
EMAIL TO: membership@nfada.com OR FAX TO: 716-631-0759
*** ONLY ELECTRONIC or TYPED FORMS WILL BE ACCEPTED *****

EMPLOYMENT HISTORY

1. Present Employer

Name: _____

Address: _____

City, State, Zip: _____

Type of Business: _____

Telephone: _____

Dates Employed: From _____ To _____

Length of Employment _____

Name of Supervisor _____

May we contact him/her? yes no

Describe your work and responsibilities

Reason for Leaving _____

Salary _____

2. Next Previous Employer

Name: _____

Address: _____

City, State, Zip: _____

Type of Business: _____

Telephone: _____

Dates Employed: From _____ To _____

Length of Employment _____

Name of Supervisor _____

May we contact him/her? yes no

Describe your work and responsibilities

Reason for Leaving _____

Salary _____

3. Next Previous Employer

Name: _____

Address: _____

City, State, Zip: _____

Type of Business: _____

Telephone: _____

Dates Employed: From _____ To _____

Length of Employment _____

Name of Supervisor _____

May we contact him/her? yes no

Describe your work and responsibilities

Reason for Leaving _____

Salary _____

4. Next Previous Employer

Name: _____

Address: _____

City, State, Zip: _____

Type of Business: _____

Telephone: _____

Dates Employed: From _____ To _____

Length of Employment _____

Name of Supervisor _____

May we contact him/her? yes no

Describe your work and responsibilities

Reason for Leaving _____

Salary _____

5. Next Previous Employer

Name: _____

Address: _____

City, State, Zip: _____

Type of Business: _____

Telephone: _____

Dates Employed: From _____ To _____

Length of Employment _____

Name of Supervisor _____

May we contact him/her? yes no

Describe your work and responsibilities

Reason for Leaving

Salary

AGREEMENT

This application will only be considered "active" for thirty (30) calendar days from the date of application. If I have not obtained employment with the company within thirty (30) days, but remain interested in obtaining employment with the company, I understand that I must complete a new application form to be considered for an additional thirty (30) days.

The information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any misstatements or omissions in this application form (and accompanying resume, if any) will result in a decision not to hire me, or to discharge me if discovered only after hire.

The company may check all statements made by me in connection with my application for employment. I authorize the company to contact my prior employers, including each of those employers listed in the Employment History section (or listed on my resume), or other sources of information, regarding my background, and I hereby authorize and direct each such employer and source of information to answer any and all questions regarding my prior employment background. I release all persons from liability on account of such disclosure and agree to indemnify the company, each of my prior employers and each of the other sources of information contacted, and agree to hold them harmless from any claims arising from this authorization and direction.

The company requires all individuals who successfully complete the initial employment screening process to submit to a drug-screening program.

By checking this, I agree to the terms and conditions above.

Date: _____

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