

### **Link Ford & RV**

660 W Hokah St. Minong, WI 54859

Phone: (715) 466-2222

## **Employment Application**

Position You Are Applying F	or:	Desir	red Salary:		
Date Available for Work:					
PERSONAL INFORMATION	ON				
Last Name	First	First Name		Middle	
Address Home Phone:  Social Security Number: Are you a U.S. Citizen?  Have you ever been convict If selected for employment	Yes No No ed of a felony? Yes	Are you 18 yea	rs or older? Yes	Zip  No  Yes  No	
EDUCATION	, ,	,	<u> </u>		
School Name	Location	Years Attended	Degree Received	Major	
Other training, certification	s or licenses held:				
EMPLOYMENT					
Employer:			Dates Employed	d:	
Work Phone:		Pay Rate: S	tot	):	
Address:					
City:			Zi	ip:	
Position:					
Duties Performed: Supervisors Name and Title					
Reason for leaving:	•				
May we contact them?	Yes No				

EMPLOYMENT					
Employer:		Date	Dates Employed:		
Work Phone:		Pay Rate: \$	to:		
Address:					
City:	State: _		Zip:		
Position:					
Supervisors Name and Title:					
Reason for leaving:					
May we contact them?	Yes No				
EMPLOYMENT					
Employer:			s Employed:		
Work Phone:		Pay Rate: \$	to:		
Address:					
City:	State: _		Zip:		
Position:					
Duties Performed:					
Supervisors Name and Title:					
Reason for leaving:					
May we contact them?	Yes No				
Which of these jobs did you	like best?				
What did you like most abou	t this job?				
REFERENCES					
Name	Title	Company	Phone		
In case of emergency notify:					
sase of emergency notify.					
			( ) -		
Name	A	ddress	Phone #		

# **ACKNOWLEDGEMENT AND AUTHORIZATION** I certify that all answers given herin are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice at any time by the company. I understand that no company representative, other than it's president, and then only in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. I have read and accept this policy. Date Signature of Applicant DO NOT WRITE BELOW THIS LINE Interviewed by: Date: Remarks: Neatness: \_\_\_\_\_ Ability: \_\_\_\_\_ Position: \_\_\_\_\_ Dept: \_\_\_\_ Start Date: \_\_\_\_ Hired:



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### **Motor Vehicle Record**

Disclosure and Release

Link Ford and RV, LLC

In connection with your ongoing employment, and/or your application for employment:

Should I have or secure a position with Link Ford and RV, LLC and it's affiliates, I understand that a motor vehicle record, which contains public record information, will be reviewed. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records as well as independent services that provide driving record information

I herby authorize review of my motor vehicle record. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to review such reports at any time during my employment. Link Ford and RV, LLC commercial auto insurer and agent will also use this information in conjunction with loss control and safety programs, as well as insurance placement.

I herby authorize without reservation, any party or agency contracted to furnish the above-mentioned information to Link Ford and RV, LLC and it's affiliates.

FULL LEGAL NAME (including middle initial)		Social Security Numb	
Date of Birth	Drivers License Number and State of Issue		