

CROM AUTOMOTIVE, INC.

120 West Thomas Dr.
 Jacksonville, NC 28546
 910.353.1258
 cromautomotive.com

APPLICATION FOR EMPLOYMENT

THIS IS A DRUG FREE WORKPLACE

This organization does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, disability, protected veteran's status, on the basis of age against persons who are forty years of age or over, or on the basis of any other legally impermissible reason.

PLEASE PRINT: All blanks must be completed

IDENTIFICATION	LAST NAME		FIRST NAME		MIDDLE NAME		OTHER NAMES USED (do not include nicknames)		
	PREFERRED NAME		CURRENT STREET ADDRESS		CITY		STATE	ZIP CODE	
	HOME TELEPHONE NUMBER ()		MOBILE PHONE NUMBER ()		EMAIL ADDRESS		SOCIAL SECURITY NUMBER		
	Have you resided at your current address for the past seven (7) years? <input type="checkbox"/> YES <input type="checkbox"/> NO							If not, list your addresses for the past seven (7) years.	
	PREVIOUS HOME ADDRESS (No., Street, Apt. No.)		CITY	STATE	ZIP CODE	COUNTY	FROM (MM-YY) / TO (MM-YY)		
	PREVIOUS HOME ADDRESS (No., Street, Apt. No.)		CITY	STATE	ZIP CODE	COUNTY	FROM (MM-YY) / TO (MM-YY)		
	How did you hear about our company?								
	Have you ever worked for an affiliate of Crom Automotive, Inc.? If YES, list the name of the facility(s) and the dates of prior employment.							<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Do you have any relatives who currently work for Crom Automotive, Inc.? If YES, please identify them below:							<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Name of relative _____ Location _____ Current Role _____								
If hired, can you provide proof of eligibility to work in the United States?							<input type="checkbox"/> YES <input type="checkbox"/> NO		

PERSONAL	Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> YES <input type="checkbox"/> NO (Conviction will not necessarily disqualify an applicant from employment.)			
	If YES, please provide date, city & state, date and details of conviction.			
	Have you ever been bonded? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you ever been refused a bond? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	If refused bond, give name of employer.			
	What position are you applying for?			Date available to start:
	FULL-TIME <input type="checkbox"/> YES <input type="checkbox"/> NO	PART-TIME <input type="checkbox"/> YES <input type="checkbox"/> NO	SHIFTWORK <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Are you under 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO		Can you travel if your job requires it? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Foreign Language Skills: Please specify language and level of proficiency for each (Basic, Moderate, Fluent).				
SPEAK:		READ:		
		WRITE:		
Software Applications: Please list software applications and level of proficiency for each (Beginner, Intermediate, Expert).				
List heavy machinery you are certified to operate:				

PLEASE PRINT: All blanks must be completed;

EDUCATION	SCHOOL NAME	CITY, STATE, ZIP CODE	MAJOR/MINOR	DATES ATTENDED	DEGREE
	HIGH SCHOOL/GENERAL EDUCATION DEVELOPMENT INSTITUTION			NOT REQUIRED	<input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> NONE
	UNDERGRADUATE COLLEGE				
	GRADUATE COLLEGE				
	PROFESSIONAL TRADE, BUSINESS, TECHNICAL, OR OTHER				
Describe any other job-related training received in the United States Military, military services from other countries, or other job-related skills, certificates, licenses and other qualifications acquired from employment or other experience.					
List academic, professional, trade, business or civic activities and offices held. You may exclude memberships which may reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.					

REFERENCES	PERSONS FAMILIAR WITH YOUR WORK OR ACADEMIC BACKGROUND. PLEASE LIST THREE EXCLUDING FORMER SUPERVISORS.			
	NAME	POSITION AND COMPANY	EMAIL ADDRESS	TELEPHONE NUMBER
				()
				()
			()	

EMPLOYMENT DATA	LAST TWO EMPLOYERS BEGINNING WITH PRESENT OR MOST RECENT		
	NAME AND ADDRESS OF CURRENT OR LAST EMPLOYER <i>(include street address, city & state, and zip code)</i>	TELEPHONE ()	SUPERVISOR NAME AND TITLE
		STARTING PAY RATE	EMPLOYED FROM MO/YR
	YOUR JOB TITLE	FINAL PAY RATE	EMPLOYED TO MO/YR
	WORK PERFORMED	REASON FOR LEAVING	
	If still employed, may we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	NAME AND ADDRESS OF EMPLOYER <i>(include street address, city & state, and zip code)</i>	TELEPHONE ()	SUPERVISOR NAME AND TITLE
		STARTING PAY RATE	EMPLOYED FROM MO/YR
	YOUR JOB TITLE	FINAL PAY RATE	EMPLOYED TO MO/YR
	WORK PERFORMED	REASON FOR LEAVING	

PROFESSIONAL LICENSE	PLEASE LIST ALL PROFESSIONAL LICENSES YOU HOLD				
	TYPE OF LICENSE	STATE	LICENSE NUMBER	NAME ON LICENSE	IS YOUR LICENSE IN GOOD STANDING?

NOTICE AND ACKNOWLEDGEMENT CONCERNING DRUG-TESTING POLICY

This is to inform you that the Company will conduct testing where permitted to identify job applicants who may be using illegal drugs and current employees who may be under the influence of illegal drugs and/or alcohol in the workplace. You have the right to refuse to undergo testing. However, an applicant's refusal to undergo testing will result in the termination of the pre-employment selection process, and an associate's refusal to undergo testing will result in disciplinary action up to and including discharge. An applicant who fails a test will not be hired and an associate who fails a test will be subject to disciplinary action up to and including discharge.

Acknowledgement: I have read and understand the above written notice.

PRINTED NAME OF APPLICANT

APPLICANT'S SIGNATURE

DATE

READ THOROUGHLY BEFORE SIGNING

I certify that all information contained in this Application for Employment is true and complete. Any incorrect or misleading statement(s) will render this application void. I understand that this application will remain in effect for 90 days from the date it is submitted. I must renew my application to be considered for other job openings after 90 days. I understand that completion of this application does not constitute an offer or promise of employment. I authorize the Company to contact my References and understand that, as a condition of employment, the Company will require successful completion of a background check that complies with the Company's pre-employment screening policies. I have or will be provided a Background Investigation Release form which contains a disclosure under the Fair Credit Reporting Act and Associate's authorization and general release under FCRA which I have read/will read before signing.

In the event of my appointment to a position, I shall comply with all company policies and procedures. It is understood and agreed that any misrepresentation, omission or false statement that I make in this application will be sufficient cause for the Company to withdraw an offer of employment and/or terminate my employment.

If hired, I will be an At-Will employee and understand that my employment can be terminated by either party at any time with or without cause or notice.

APPLICANT'S SIGNATURE

DATE

OFFICE USE ONLY

CANDIDATE BACKGROUND INVESTIGATION REQUESTS

REQUESTOR INFORMATION: To be completed by Hiring Manager or Supervisor

Requested by _____ Candidate's Name _____

Location # Market _____ Position Being Filled _____

Date Requested _____ New Hire Rehire

- Background Request:
- Management
 - Sales Counselor/ Service Writer
 - Technician
 - Groundsman
 - Bldg. Maintenance and Repair
 - Special Request _____

Release investigative results to _____ Telephone # () _____

To be completed by Background Investigation Processor

Processed by _____ Date Submitted _____

Processor Phone # () _____

Date Results Received _____ Date Communicated to Requestor _____

EMPLOYER INFORMATION

Crom Automotive, Inc.			LICENSE NUMBER (FD, COA, CR)	
STREET ADDRESS		CITY	STATE	ZIP CODE
120 West Thomas Dr.		Jacksonville	NC	28546

EMPLOYEE / APPLICANT INFORMATION

NAME: (please print or type) (LAST) (FIRST)		POSITION APPLIED FOR / CURRENT POSITION		
STREET ADDRESS		CITY	STATE	ZIP CODE

WITHIN THE PAST 10 YEARS, HAS YOUR LICENSE BEEN REVOKED, SUSPENDED, OR SURRENDERED ?

YES

NO

Signature of Applicant or Employee

Date

Thank you for taking the time to tell us about yourself
If you would like to add anything that you think may be helpful
or infomative please use the space below.