



- Goldstein Buick GMC
- Goldstein Subaru
- Goldstein Chrysler Jeep Dodge RAM
- Goldstein Collision Repair Center
- Any Goldstein Company

## APPLICATION FOR EMPLOYMENT

APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE OR MARITAL OR VETERAN STATUS, OR THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP. APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS.

Date of Application \_\_\_\_\_

Position(s) Applied For: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Referral Source:     Help Wanted Ad     Walk-in     Employment Agency     Employee Referral (name) \_\_\_\_\_  
 Relative     Friend     Other \_\_\_\_\_

Name: \_\_\_\_\_  

Last
First
Middle

Present Address: \_\_\_\_\_  

Number
Street
City
State
Zip

Telephone - Daytime: \_\_\_\_\_ Telephone - Evening: \_\_\_\_\_  

Area Code
Area Code

If employed and under 18, can you furnish a work permit?     Yes     No

Have you ever filed an application at a Goldstein Company before?     Yes     No    If yes, date: \_\_\_\_\_

Have you ever been employed at a Goldstein Company before?     Yes     No    If yes, date: \_\_\_\_\_

Are you employed now?     Yes     No    May we contact you employer?     Yes     No

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     FULL OR PART-TIME

On what date would you be available for work: \_\_\_\_\_

Salary/Rate desired: \_\_\_\_\_

Have you ever been convicted of a felony?     Yes     No    Please explain: \_\_\_\_\_

Are you willing to take a drug test as part of a pre-employment requirement?     Yes     No

Have you ever been in the Armed Forces?     Yes     No    If yes, what Branch: \_\_\_\_\_

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying?     Yes     No

If yes, please indicate: \_\_\_\_\_

Please list two references other than relatives or previous employers

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Do you have a valid NYS drivers license?  Yes  No

Drivers License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you had any violations on your license or been involved in any vehicular accidents? If yes, please list below:

Violation and/or Accidents:

Date:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What is your means of transportation to work? Vehicle Year, Make, Model, & Miles: \_\_\_\_\_

Please list all of your work experience beginning with your most recent job held.

Exclude organization names which indicate race, color, religion, or sex.

**WORK  
EXPERIENCE**

Name of Employer: Address: City, State, Zip Code: Phone Number:	Name of Last Supervisor:	Employment Dates:	Pay or Salary:
		From: To:	Start: Final:
Your last job title			
Reason for leaving (be specific)			
List the positions you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer: Address: City, State, Zip Code: Phone Number:	Name of Last Supervisor:	Employment Dates:	Pay or Salary:
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		From:	Start:
		To:	Final:
Your last job title			
Reason for leaving (be specific)			
List the positions you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Special Trade or additional training?  Yes  No If yes, please elaborate: \_\_\_\_\_

Is there any information you wish to tell us about yourself? \_\_\_\_\_

**EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Mailing Address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
HIGH SCHOOL				
COLLEGE				
BUSINESS OR TRADE SCHOOL				
PROFESSIONAL SCHOOL				

State any additional information you feel may be helpful to us in considering your application. \_\_\_\_\_

The information provided in this application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual agreement upon the employer to continue to employ me in the future.

If you do decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report. I also understand that if employed, you may independently investigate my background and any falsifications may result in my immediate termination.

Due to Insurance purposes, The Goldstein Auto Group and its subsidiaries request the right to perform a motor vehicle check on all employees or potential employees. I hereby grant said employer(s) such rights upon my employment and understand that my license will be subject to periodic reviews in the course of my employment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Application taken by: \_\_\_\_\_

Title: \_\_\_\_\_

## Goldstein Auto Group Authorization / Release Form

I hereby authorize the Goldstein Auto Group to conduct a comprehensive review of my background causing an investigative consumer report to be generated for employment purposes only.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, employment history, and/or general reputation.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to the Goldstein Auto Group or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Goldstein Auto Group, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time, provided I do so in writing.

Print Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Gender: Male / Female

Drivers' License Number/State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For Office Use Only:

Status \_\_\_\_\_ Authorized by \_\_\_\_\_