

**APPLICATION
FOR EMPLOYMENT**

Mustangs Unlimited, Inc.
RESTORATION AND PERFORMANCE PARTS

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, or sexual orientation.

Position(s) Applied For: _____ Date of Application: _____

Reason for Applying with Mustangs Unlimited: _____ Salary Expectations: _____

How Did You Learn About Us? Relative Friend Advertisement, in: _____
 Employment Agency Walk-In Other: _____
 Employee: _____

Last Name First Name Middle Name

Address City State Zip

(WK) (HM)
Telephone Number(s) Social Security Number

In case of emergency, notify: _____
Name Address Telephone Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Means of transportation: Car Bus Other: _____
If car: make, model, and license plate number. _____

Have you been convicted of a felony? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain: _____

Have you ever been employed with us before? Yes No

If yes, please list dates, positions, and locations: _____

Position Sought: _____
 Full-Time Temporary From: _____ To: _____
 Part-Time Seasonal From: _____ To: _____
 Other: _____ (Summer/Holiday)

Please List Days and Times for which you are AVAILABLE to work:
 Sunday _____ Tuesday _____ Thursday _____
 Monday _____ Wednesday _____ Friday _____
 Saturday _____

On what date would you be available for work? _____

Are you willing to relocate? Yes No If yes, please list geographic areas of interest: _____

EMPLOYMENT HISTORY

(LIST MOST RECENT POSITION FIRST)

1

Dates of Employment: From: _____ To: _____ Position: _____ Rate/Salary: _____

Firm Name: _____ Type of Business: _____

Address: _____ City/State/Zip: _____

Telephone Number: () _____ Name/Title of Supervisor: _____

Responsibilities: _____

Reason for Leaving: _____

2

Dates of Employment: From: _____ To: _____ Position: _____ Rate/Salary: _____

Firm Name: _____ Type of Business: _____

Address: _____ City/State/Zip: _____

Telephone Number: () _____ Name/Title of Supervisor: _____

Responsibilities: _____

Reason for Leaving: _____

3

Dates of Employment: From: _____ To: _____ Position: _____ Rate/Salary: _____

Firm Name: _____ Type of Business: _____

Address: _____ City/State/Zip: _____

Telephone Number: () _____ Name/Title of Supervisor: _____

Responsibilities: _____

Reason for Leaving: _____

4

Dates of Employment: From: _____ To: _____ Position: _____ Rate/Salary: _____

Firm Name: _____ Type of Business: _____

Address: _____ City/State/Zip: _____

Telephone Number: () _____ Name/Title of Supervisor: _____

Responsibilities: _____

Reason for Leaving: _____

Summarize special job-related skills and qualifications acquired from employment or other experiences:

EDUCATION

	NAME AND ADDRESS	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA DEGREE
HIGH SCHOOL				
UNDERGRADUTE COLLEGE				
GRADUATE PROFESSIONAL				
OTHER (SPECIFY)				

Indicate any foreign languages you can speak, read, and/or write: _____

List hobbies and extra-curricular activities which you are involved in outside of work:

Describe any specialized training, apprenticeship, and/or job related activities:

Technical Skills: Computer Hardware Used _____
 Computer Software Used _____
 Other Machines or Equipment _____

List professional, trade, business, military, or civic activities and offices held:

PROFESSIONAL REFERENCES

1. _____ ()
Name Telephone Number

Address Relationship

2. _____ ()
Name Telephone Number

Address Relationship

3. _____ ()
Name Telephone Number

Address Relationship

APPLICANT'S STATEMENT

In consideration of my employment by the Company, I agree to abide by its rules and regulations. I declare each of the answers given to be complete and true to the best of my knowledge and am aware that any misrepresentation or omission may be cause for dismissal.

I am aware that, as a condition of employment, if employment is offered, I must be authorized to work in the U.S. and demonstrate that authorization as required by the Immigration Reform and Control Act for 1986.

I understand that if reasonable accommodation is required due to a disability, I must inform the Manager of my Department. I will also state to the best of my knowledge specific accommodations I will require.

I hereby understand and acknowledge that, this application is not a contract and that any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may terminate employment any time with or without cause.

In event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

May we request a reference from your present employer? Yes No
May we request a reference from your past employer? Yes No

Signature of Applicant _____ Date _____