

Applicant Information

2.

Central Arkansas Auto Auction 205 Foster Dr Beebe, Arkansas 72012 501-882-6447

EMPLOYMENT APPLICATION

Please complete the entire application.

It is the policy of Central Arkansas Auto Auction to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Applicant Full Name:	
Home Address:	
City/State/ZIP:	
Number of years at this address:	
Mobile phone: Other phone:	
Email Address:	
Social Security Number:	
Driver's License (State/Number):	
3. Emergency Contact	
Who should be contacted if you are involved in an emergency?	
Contact Name:	
Relationship to you:	
Address:	
City/State/ZIP:	
Daytime phone: Evening phone:	
4. Job Position Applied For:	
Full or Part Time?	
5. Salary Desired: \$ per	

6.	Who referred you to o	our company?		
	Do you have any friend	s or relatives who work here? If ye	s, please list here:	
7.	Have you applied to o	our company previously?	YesNo	
8.		ars old? Yes No		
9.	How will you get to we	ork?		
10.	If applicable, are you a	available to work overtime?	Yes No	
11.	If you are offered employment, when would you be available to begin work?			
12.		o submit proof that you are legally ted States? Yes		
13.	Applicant's Skills			
numb	er of years of experience,	5	useful for the job you are seeking. I sponds to your ability for each partility.)	
	Ability or Skill.	Years of Experience	Proficiency Rating (1 being	lowest)
[]	Typing.		1 2 3 4 5	
[]	Microsoft Office Suite (Word, Excel, etc.)	1 2 3 4 5	
	Accounting/Bookkeepin		1 2 3 4 5	
[]	Answering telephones.		1 2 3 4 5	
[]	Filing		1 2 3 4 5	
[]	Customer service		1 2 3 4 5	
[]	Vehicle Knowledge.		1 2 3 4 5	
_			1 2 3 4 5	
			1 2 3 4 5	

14. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name:
Supervisor Name:
Address:
City/State/ZIP:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
Employer Name:
Supervisor Name:
Address:
City/State/ZIP:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
Employer Name:
Supervisor Name:
Address:
City/State/ZIP:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):

15. Applicant's Education and Training

College/University Name and Address				
Did you receive a degree? Yes No If yes, degree(s) received:				
High School/GED Name and Address				
Did you receive a degree? Yes No				
Other Training (graduate, technical, vocational):				
Please indicate any current professional licenses or certifications that you hold:				
Awards, Honors, Special Achievements:				
Military Service:				
Yes No				
Branch:				
Specialized Training:				
16. References				
List any two non-relatives who would be willing to provide a reference for you.				
Name:				
Address:				
City/State/ZIP:				
Telephone:				
Relationship:				

Name:		
Address:		
City/State	e/ZIP:	
Telephon	e:	
Relations	hip:	
		ny other information that you believe should be considered, including whether you ent with any current employer:
Please no employm	ent. Factors suc	nswer to any of the following questions will not necessarily disqualify you from h as age and time of offence, seriousness and nature of biolation, and rehabilitation making employment decisions
Have you	Ever Been Con	victed of a crime? Do not include convictions that were sealed or expunged pursuant to a court order
Yes	No	Please Explain any "yes" answer. Use additional paper if necessary
Are you c	currently awaitir	ng trial for any crimingal offense?
		Please Explain any "yes" answer. Use additional paper if necessary
-		n act of violence in the workplace?
Yes	No	Please Explain any "yes" answer. Use additional paper if necessary

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Central Arkansas Auto Auction to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its CEO, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Central Arkansas Auto Auction, except in a specific written contract of employment signed on behalf of the organization by its CEO, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTITS TERMS.	ΓΙFICATION AND I UNDERSTAND AND AGREE TO
APPLICANT SIGNATURE	DATE

Please return in Person or by email to info@caaa.com