



Dear Applicant:

Thank you for taking the time to apply for a position with Good Wheels, Inc. Please note that applications must be completed in full even if attaching a resume. We will closely review all applications and resumes in order to determine the best possible match for our open position(s). If you are amongst those chosen, we will contact you for an interview.

**Some applicants like to call to follow up on their application; however, due to the number of employment inquiries we receive on a daily basis, we'd greatly appreciate you not doing so. We will contact you if we are interested.**

Your application/resume will remain active for a period of 90 days. Thereafter, you will be required to complete another application to be considered for employment.

Once again, thank you for your interest and good luck in your job search.

Sincerely,

Human Resources

/mh

**PLEASE KEEP THIS COVER LETTER  
FOR YOUR REFERENCE.**



# APPLICATION FOR EMPLOYMENT

Please Print Clearly and Answer All Questions.

Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Résumés Are Not A Substitute For A Completed Application.

*Good Wheels is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.*

Position Applied For \_\_\_\_\_ Desired Salary/Hourly Rate \_\_\_\_\_

Referral:  Relative \_\_\_\_\_  Friend \_\_\_\_\_  Walk-In  Job Agency  Other \_\_\_\_\_

Driver License # (*Driver & Mechanic Applicants*) \_\_\_\_\_ Class Type: \_\_\_\_\_ Endors: \_\_\_\_\_

Name:	Previous Address:		
Address:	City:	State:	Zip:
City:	State:	Zip:	How long at previous address?
How long at current address?			
Home Phone:			
Cell Phone:	Social Security #		
E-mail Address:			

- Are you lawfully eligible to be employed in the United States?  Yes  No  
(Proof of identity and eligibility will be required upon employment)
- If under the age of 18, can you produce the necessary work certificate at the time of employment?  Yes  No
- Type of employment desired?  Full-time (30+ hours per week)  Part-time (Specify Hours) \_\_\_\_\_
- Are you willing to work overtime?  Yes  No Date on which you can start work if hired \_\_\_\_\_
- Do you have transportation to work?  Yes  No If No, when will you have transportation \_\_\_\_\_
- Have you previously applied for employment with this Company?  Yes  No If Yes, when? \_\_\_\_\_
- Have you ever been employed by this Company?  Yes  No If Yes, Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Position: \_\_\_\_\_ Reason for separation from employment \_\_\_\_\_
- Do you currently have relatives employed by this Company?  Yes  No  
If Yes, provide Name(s) \_\_\_\_\_ and Relation: \_\_\_\_\_
- Are you presently employed?  Yes  No If Yes, may we contact your employer?  Yes  No  
If presently employed, why are you considering leaving? \_\_\_\_\_
- Are you on a lay-off and subject to recall?  Yes  No

**INSTRUCTIONS FOR ANSWERING THE NEXT THREE QUESTIONS**

*Do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program.*

- 1. Have you ever plead guilty or no contest to, or been convicted of any misdemeanor or felony other than the applicable exceptions listed above?     Yes    No
- 2. Have you ever been arrested and charged with any misdemeanor or felony for any matters for which you currently are out on bail or on your own recognizance pending disposition or trial?     Yes    No
- 3. Have you ever been sued in a civil action with regard to the death of, or personal injury or intentional damage to any person?     Yes    No

If you answered Yes, to either of the above three questions, please provide the date(s) and explain in accordance with the above instructions so that individual circumstances can be considered (attach additional sheets if necessary).

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- 4. Have you ever initiated an act of violence in the workplace?     Yes    No    If Yes, please provide the date(s) and explain so that individual circumstances can be considered (attach additional sheets if necessary).

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**NOTE: Answering "Yes" to the above questions will not automatically disqualify an applicant from a particular job. The Company will consider the nature of the violation/crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the violation/crime, the time elapsed since the violation/crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law. However, please be advised that a misstatement or omission in answering these questions may be grounds for disciplinary action, including discharge.**

Education	School Name and Location (City, State)	Course of Study	Graduate?	# of Years Completed	Degree/Major
High School					
College					
Bus./Tech/Trade or Post College					

List all special technical skills that you feel qualify you for the job for which you are applying (For example, computer programming/language, software, equipment operation, special tools or machines, etc.)

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Honors Received

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If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

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**WORK EXPERIENCE**

*Please list the names of your present and/or previous employers in chronological order (present or last employer listed first). Account for all periods of time including any period of unemployment. If self-employed, provide firm name and business references. You may include any verifiable work performed on a volunteer basis, internships or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment.*

Employer Name: _____	From: ___/___/___ to ___/___/___
Address: _____	Job Title: _____
City: _____ State: _____ Zip _____	Starting Salary: _____ Ending: _____
Supervisor: _____ Phone:( ) _____ - _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties: _____	
Reason for Leaving: _____	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name: _____	From: ___/___/___ to ___/___/___
Address: _____	Job Title: _____
City: _____ State: _____ Zip _____	Starting Salary: _____ Ending: _____
Supervisor: _____ Phone:( ) _____ - _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties: _____	
Reason for Leaving: _____	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name: _____	From: ___/___/___ to ___/___/___
Address: _____	Job Title: _____
City: _____ State: _____ Zip _____	Starting Salary: _____ Ending: _____
Supervisor: _____ Phone:( ) _____ - _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties: _____	
Reason for Leaving: _____	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name: _____	From: ___/___/___ to ___/___/___
Address: _____	Job Title: _____
City: _____ State: _____ Zip _____	Starting Salary: _____ Ending: _____
Supervisor: _____ Phone:( ) _____ - _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties: _____	
Reason for Leaving: _____	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

1. Have you ever been terminated or asked to resign by an employer?  Yes  No If Yes, how many times? \_\_\_\_\_
2. Has your employment ever been terminated by mutual agreement?  Yes  No If Yes, how many times? \_\_\_\_\_
3. Have you ever been given the choice to resign rather than be terminated?  Yes  No If Yes, how many times? \_\_\_\_\_
4. Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you have applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?  Yes  No

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

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**REFERENCES**

*Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.*

NAME	OCCUPATION	COMPANY	TELEPHONE	WORK RELATIONSHIP (i.e, supervisor, co-worker)

*Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.*

NAME	OCCUPATION	ADDRESS	TELEPHONE	# OF YEARS KNOWN

**APPLICANT CERTIFICATION.  
Please read before signing.**

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid Florida driver’s license and automobile liability insurance in an amount equal to the minimum required by the State of Florida. I further understand and agree that, the Company may request from the Department of Motor Vehicles in any state where I claimed residency or which issued me a driver's license, an investigative Motor Vehicle Report (MVR).

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company’s policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment, and I agree to undergo alcohol and drug testing consistent with the Company’s policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I further understand that, in connection with the routine processing of my employment application, the Company may request from the Department of Law Enforcement in any state where I claimed residency or which issued me a driver's license, an investigative criminal background check.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

If hired by this Company, I understand that there will be a 60-day introductory period at which time any party can terminate employment without further obligation.

**THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF NINETY (90) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.**

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**For Employer Use Only**

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hired:  Yes  No

Starting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Position: \_\_\_\_\_  Full-time  Part-time Wage: \_\_\_\_\_

Working Days: Monday Tuesday Wednesday Thursday Friday Saturday Approximate Scheduled Time: \_\_\_\_\_  
*(Circle Days to Work)*