

Hwy 515 Auto Auction, Inc.
Application for Employment

Name: _____

Any Alias Names: _____

Social Security #: _____ Age: _____ D.O.B. _____

HEIGHT: _____ WEIGHT: _____ Eye color: _____ Hair Color: _____

Education Level Completed: _____

Provide any additional training or education: _____

Mailing Address: _____

Physical Address if Different: _____

Home Phone Number: _____ Cell: _____

List at list one other contact name and Number: _____

Do you possess a valid driver's license: Yes/No give state and Number? _____

Have you ever possessed/ Sold or used any substance that is controlled in the state of Georgia illegally:

Yes/ No If yes document what type and how many times for each: _____

What was the last date you used illegal substance: _____

Are you a citizen of the United States: Yes/ No

Have you ever been arrested, charged or convicted of any crime: Yes/ No Explain dates and offense:

Please use additional note paper if needed!

Have you ever been charged with a traffic violation: Yes/ No Give date and Detail?

Please use additional note paper if needed!

Have you ever stolen from an employer: Yes/ No if yes Give date and detail.

Have you ever been or now a part in a lawsuit or civil action. Yes/ No Give dates and detail:

Personal References and contact Numbers:

Professional References and contact Numbers:

Please provide names and dates for all employers along with contact info if possible for last (5) years:

Please use additional note paper if needed!

Are you able to perform physical labor or the requirements of this job: Yes/ No

Please use additional note paper if needed!

Note all answers given are too truthful, a back ground check will be conducted on applicants. Employment choices are made in part on the application process any false information could disqualify you as a candidate. If you are selected you may be released from employment without notice upon discovery of false or misleading information on this application.

Additionally if you are given employment with this company you must immediately notify your employer of any traffic or criminal charges brought against you. In addition you must also immediately report any civil lawsuits that you become part of. Failure to do so could result in termination.

Thank you and good luck.

1. How long on you current job?
 2. Why did you leave previous job?
 3. Any automotive experience?
 4. Any health problems that will hinder your job performance physically?
 5. Any other experience?
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Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize **HWY. 915 AUTO AUCTION, INC.** to conduct an inquiry for
Agency/Company
 the purpose listed below and receive any Georgia and/or national criminal history record information
 as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

- This authorization is valid for _____ days from date of signature.
- I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

 Signature Date

 Attorney for Individual (Pur E and U Only) Bar Number Date

 Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

 Agency Designee Signature and Title