



## APPLICATION FOR EMPLOYMENT

**A RESUME IS NOT A SUBSTITUTE FOR COMPLETING THE FOLLOWING INFORMATION OR SIGNING THIS APPLICATION**

**TYPE or PRINT.** Your signature is required to complete this application. Answer all questions completely and truthfully. You may omit information which indicates Race, Religion, Sex, Age, National Origin, or Disability.

**WHY ARE YOU COMPLETING THIS APPLICATION? (Place a check mark where applicable)**

- I am applying for the position of \_\_\_\_\_(Sales) \_\_\_\_\_(Installer) \_\_\_\_\_(Management)
- I am also applying for any open position which matches my qualifications
- I heard about your company and this position from:**  Cartronics Website  Walk-In/Visit to Store
- Newspaper advertisement in \_\_\_\_\_  Other Advertisement or Source: \_\_\_\_\_
- A friend or relative referred me to CT. Their name is: \_\_\_\_\_

**Place a check mark where applicable**

- Yes  No Are you legally eligible for employment in the United States?
- Yes  No Are you over the age of 18? Are you 18 years of age or older?
- Yes  No If required to drive, do you have a valid driver's license? If required, please complete:  
License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Issuing State: \_\_\_\_\_
- Yes  No Have you ever filled out an application at CarTronics?
- Yes  No Have you ever worked for CarTronics in the past?
- Yes  No Have you been convicted of a crime, other than a minor traffic violation, in the last seven years?  
(Convictions will not necessarily disqualify applicant from employment)  
What offense: \_\_\_\_\_  
Where: \_\_\_\_\_ Date: \_\_\_\_\_ Disposition: \_\_\_\_\_

**PERSONAL INFORMATION**

Last Name	First Name	Middle	Soc. Sec. No.
Please indicate any alias(es) you have used in the past		Email Address	
Address			Phone (     )
City	State	Zip-Code	Message Phone (     )

**CHECK DAYS AND SHIFTS YOU ARE WILLING/ABLE TO WORK**

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Type of Employment
Day								<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
Evening								
Night								

- Yes  No Are you willing to work overtime? \_\_\_\_\_ Salary Desired \_\_\_\_\_
- Yes  No Are you willing to work weekends? \_\_\_\_\_ Date Available to Start \_\_\_\_\_
- Yes  No Are you willing to travel between stores, if required? \_\_\_\_\_

**EMPLOYMENT HISTORY - Include volunteer work and gaps between employment****\*\*\* Resumes will not be accepted in lieu of this information \*\*\***

<b>Present or Recent Employer</b>			Type of Business	Immediate Supervisor and Title	
Address		City	State	Zip	Telephone ( )
Your Job Title		Describe Position Duties and Work Performed			
Start Date	Salary	Per	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Term. Date	Salary	Per	Reason for Leaving <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	Please Explain	
<b>Previous Employer</b>			Type of Business	Immediate Supervisor and Title	
Address		City	State	Zip	Telephone ( )
Your Job Title		Describe Position Duties and Work Performed			
Start Date	Salary	Per	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Term. Date	Salary	Per	Reason for Leaving <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	Please Explain	
<b>Previous Employer</b>			Type of Business	Immediate Supervisor and Title	
Address		City	State	Zip	Telephone ( )
Your Job Title		Describe Position Duties and Work Performed			
Start Date	Salary	Per	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Term. Date	Salary	Per	Reason for Leaving <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	Please Explain	
<b>Previous Employer</b>			Type of Business	Immediate Supervisor and Title	
Address		City	State	Zip	Telephone ( )
Your Job Title		Describe Position Duties and Work Performed			
Start Date	Salary	Per	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Term. Date	Salary	Per	Reason for Leaving <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	Please Explain	

**EDUCATION AND TRAINING**

EDUCATIONAL LEVEL - Check highest level achieved.

- |  |   |  |                                      |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> No Academic Credentials | <input type="checkbox"/> Trade Certificate  | <input type="checkbox"/> Master's Degree       | <input type="checkbox"/> Ph.D.       |
| <input type="checkbox"/> High School Diploma/GED | <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Professional Degree   | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Some College            | <input type="checkbox"/> Bachelor's Degree  | <input type="checkbox"/> Other Doctorate _____ |                                      |

School	Name and Location of School (City and State)	No. of Yrs. Attended	Degree Earned	Major/Minor Fields of Study
High School				
Trade School, College, University or Other				
Academic Honors, Scholarships, and Certifications				

**MILITARY - Including Reserve or National Guard Service**

Branch of Service	Rank	Discharge Date and Type
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Skills/Training Acquired

**SKILLS INVENTORY AND ASSESSMENT (Indicate None/Novice/Intermediate/Expert)**

Sales/Service	Electronics	Vehicles
Customer Service	Car Audio	Performance Upgrades
Cashier/Money handling	Navigation Devices	Window Tinting
Retail Sales	MP3 players / iPods	Wheels / Tires
Closing	Bluetooth / Cell Phones	Suspension Upgrades
Tech. Support	Speakers / Subwoofers	Lighting (HID/Neon/LED)
Troubleshooting	Enclosure Design	Motorcycles
Telemarketing	Amplifiers	Marine / Boats
Sales Cold Calls	Electrical Wiring	
Training/Demonstrations	Ohm's Law	
Internet Research	Satellite Radio/TV	
Inventory Control		
(Check ALL That Apply)		
Office Applications	OTHER SKILLS AND TRAINING	Certifications
Point of Sale Programs		MECP Sales
Excel Spreadsheet		MECP Basic
Word for Windows		MECP Advanced
PowerPoint		MECP Expert
Letter Writing		RTTI
Proofreading		DCU
Copier Machines		ASE
Filing		Trade School/Fabrication

**REFERENCES - List two Professional and two Personal references who are not related to you**

Name and Occupation	Telephone	Type of Reference	Years Known
	( )		
	-		
	( )		
	-		
	( )		
	-		
	( )		
	-		

**PLEASE READ CAREFULLY AND SIGN BELOW****CERTIFICATION OF INFORMATION:**

I certify that the information provided herein is true and complete to the best of my knowledge. If employed, I understand that false and misleading information given in my application or interviews may result in discharge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

**REFERENCES AND INQUIRIES:**

I authorize CarTronics (CT) or its representatives to investigate all references and to secure additional job-related information about me, such as Criminal Conviction Records, Motor Vehicle Records, Credit Reports, Education Verification, etc. I release each of them from any liability arising in connection with such information. Such information is confidential and may be shared only with those individuals who have a need to know. I understand that I have a right upon request to be told of the nature and substance of any background investigation. CT will provide, at my request, the name of any reporting agency engaged by CT.

**EMPLOYMENT AT-WILL:**

I understand that, if hired, my employment with CT is voluntarily entered into and I am free to resign, at will, at any time, with or without cause. Similarly, CT may terminate the employment relationship, at will, at any time, with or without cause, and with or without notice.

**DRUGS AND ALCOHOL:**

I do hereby agree to submit a drug test for detection of drugs and alcohol, if asked. I understand that positive test results, refusal to be tested, or any attempt to affect the test or test sample will result in withdrawal of my application for employment, withdrawal of any provisional employment offer I have received from CarTronics. I understand that CT is dedicated to a safe and competent work environment. CT reserves the right to require any employee displaying symptoms of impairment or uncharacteristic behavior to submit to a drug test, be examined by a physician, and/or removed from the workplace.

**EQUAL EMPLOYMENT OPPORTUNITY:**

The policy of CarTronics is that employment decisions will be job-related and based on demonstrated knowledge, skills, abilities, contribution, efficiency, effectiveness and overall individual impact as determined by CT Management. Employment will not be influenced or affected by an applicant's Race, Religion, Sex, Age, National Origin, Disability, or any other characteristic protected by law.

**VALID DRIVER'S LICENSE AND DRIVING RECORD**

I understand that if I am in a position which requires me to drive for the company either with my own vehicle and/or company vehicle, I must have a valid driver's license as well as maintain a clean motor vehicle record. Furthermore, I understand that if my driving record becomes marginal or poor during my employment with CT, I may be subject to action up to and including termination of employment - if my job requires travel.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_