

Employee and Driver Information

Applicant: _____

Complete the information below for **ALL** employees. If a dealership, include all family members – employees or not.
**Duplicate as Necessary.*

No.	Name	DOB	-- See Below --			Drivers License Number	ST	No. Years Experience
			(A) Position	(B) F, P, or N	(C) Vehicle Use(s)			
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28.								

(A) – POSITION

1. Owner, Active Partner
2. Investment Partner, Inactive Partner
3. Sales Manager
4. Salesperson
5. Lot Person
6. Mechanic
7. Clerical Staff
8. Spouse of Owner(s)
9. Children of Owner(s)
10. Spouse and Children or any other person with a furnished auto.
11. Occasional Driver
12. Other

(B) – WORK STATUS

- F – Full Time (Over 20 hours per week)
 P – Part Time (20 hours or less per week)
 N – Non-Employee

(C) – VEHICLE USE

1. Furnished (furnished a vehicle for personal use).
2. Employee not furnished a vehicle owned by the business for personal use but used in a business capacity.
3. Non-Driving (does not drive vehicles owned by the business)
4. Non-employee with occasional access to vehicles owned by The business but not furnished a vehicle
5. Operates customer's vehicles