APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE – EQUAL OPPORTUNITY EMPLOYER Date _____

Position Desired	Salary Required	Available Date
☐ Full Time ☐ Part Time		

WE ARE AN EQUAL OPPORTUNITY EMPLOYER
APPLICANT'S STATEMENT

I understand that this application will be given every consideration, but is not a promise of employment.

I UNDERSTAND THAT IF I AM HIRED, MY EMPLOYMENT WILL BE AT WILL AND FOR NO DEFINITE PERIOD, REGARDLESS OF THE PERIOD OF PAYMENT OF MY WAGES. I FURTHER UNDERSTAND THAT THE EMPLOYER HAS THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, AND I HAVE THE SAME RIGHT. NO ONE OTHER THAN AN AUTHORIZED REPRESENTATIVE OF THE COMPANY HAS AUTHORITY TO MODIFY THIS RELATIONSHIP OR TO MAKE ANY AGREEMENT TO THE CONTRARY. ANY SUCH MODIFICATION OR AGREEMENT MUST BE IN WRITING.

_____ Applicant's Initials

I understand that the Company reserves the right to require me to submit to a medical examination, including a drug/alcohol test, prior to employment and at any time during my employment, to the extent permitted by law.

_____ Applicant's Initials

I understand that, in connection with this application for employment, consumer reports or investigative reports (which may contain public record information) may be requested as permitted by law. Such reports may include, but are not limited to the following: consumer credit, driving records, education, current and prior employer verification. Further, I understand that such requested reports will include information from various Federal, State, Local and other Agencies, which contain my past activities.

_____ Applicant's Initials

I understand that I have the right to make a written request within a reasonable period of time to receive detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all non-salary related records pertinent to my employment with them, to the extent permitted by law. In addition to authorizing the release of any information regarding employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to the Company, and release them from any and all liabilities, claims or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

_____ Applicant's Initials

I hereby state that all of the information that I provide on this application for employment and in any interview is true and accurate. I understand that in the event I am employed and any such information is later found to be false in any respect, I may be dismissed.

_____ Applicant's Initials

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

_____ Signature of Applicant

_____ Date

PERSONAL DATA (Please Print)

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER – –	TELEPHONE NUMBER
PRESENT ADDRESS			EMAIL	
CITY	STATE	ZIP	HOW LONG HAVE YOU LIVED AT THIS ADDRESS?	
PREVIOUS ADDRESS				
CITY	STATE	ZIP	HOW LONG DID YOU LIVE AT THIS ADDRESS?	

WHO REFERRED YOU TO THIS COMPANY?

☐ EMPLOYMENT AGENCY ☐ NEWSPAPER ☐ FRIEND ☐ WALK IN ☐ OTHER (DESCRIBE)

EDUCATION

	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree	XXXXXXXXXXXXXXXXXXX			
Describe Course of Study or Major	XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX			
Describe Specialized Training, Military Experience, Special Skills and Honors and Awards				

(For additional information, use a separate sheet.)

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time, including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Name of Present or Last Employer	Employed	Your Title or Position	Reason for Leaving
	From (Mo./Yr.)		
Address			
City, State, Zip Code	To (Mo./Yr.)	Name of Last Supervisor	
Telephone			
Previous Employer	**Employed**	**Your Title or Position**	**Reason for Leaving**
	From (Mo./Yr.)		
Address			
City, State, Zip Code	To (Mo./Yr.)	Name of Last Supervisor	
Telephone			
Previous Employer	**Employed**	**Your Title or Position**	**Reason for Leaving**
	From (Mo./Yr.)		
Address			
City, State, Zip Code	To (Mo./Yr.)	Name of Last Supervisor	
Telephone			

(For additional information, use a separate sheet.)

Have you ever been terminated or asked to resign from any job? ☐ Yes ☐ No If yes, please explain circumstances: _____

Please explain fully any gaps in your employment history: _____

May we contact your current employer? ☐ Yes ☐ No If no, please explain: _____

_____
Applicant's Initials

GENERAL INFORMATION

Are you 18 years of age or older? ☐ Yes ☐ No

Have you ever worked for this company before? ☐ Yes ☐ No If yes, please give dates and position: _____

Do you have any friends or relatives working here? ☐ Yes ☐ No If yes, Name: _____ Relationship: _____

Do you have a means of transportation that will allow you to consistently arrive at work on time? ☐ Yes ☐ No

In the event you are offered employment and the position involves the possible use of a company vehicle, or the operation of a customer's vehicle, you must have a valid driver's license. Please refer to the positions listed on page four (4) of this application. Positions highlighted in boldface type could involve the use of a company vehicle or the operation of a customer's vehicle and, therefore, require that you have a valid driver's license. After consulting the list on page four (4), please answer the following:

Are you applying for a position with our company that involves the use of a company vehicle or operation of a customer's vehicle?

☐ Yes ☐ No If yes, please answer the following:

I have a valid driver's license issued by the State of _____. My driver's license number is _____.

My license will expire on _____.

List all computer programs in which you are proficient: _____

Can you type? ☐ Yes ☐ No If yes, please state your speed: _____ Words per minute.

Are you available for work on weekends and evenings, if necessary? ☐ Yes ☐ No

Are you willing to work overtime, if required? ☐ Yes ☐ No

Are you capable of completely performing the SPECIFIC job duties of the position for which you are applying? ☐ Yes ☐ No

Can you meet the SPECIFIC attendance requirements of the job for which you are applying? ☐ Yes ☐ No

Do you currently use illegal drugs? ☐ Yes ☐ No

Have you submitted any letters of recommendation you may have from previous employers? ☐ Yes ☐ No

Additional comments concerning above information: _____

EMERGENCY INFORMATION

In case of an accident or other emergency, who should we contact?

Name _____ Relationship: _____

Home address: _____ Phone: _____

Street City State Zip

Employer: _____ Phone: _____

Employer address: _____

Street City State Zip

_____

Applicant's Initials

CHARACTER REFERENCES

Please list persons who know you well – Not previous employers or relatives.

Name	Occupation	Address (Street, City and State)	Phone Number	Years Known

ADDITIONAL INFORMATION – Please indicate any actual experience you have in any of the following positions:

OFFICE

- ☐ **Office Manager**
- ☐ Bookkeeper
- ☐ Accounts Receivable
- ☐ Accounts Payable
- ☐ Payroll Clerk
- ☐ Tag/Title Clerk
- ☐ Warranty Clerk
- ☐ Data Entry
- ☐ Cashier
- ☐ Receptionist

SALES/LEASING

- ☐ **Sales Manager**
- ☐ **Salesperson (New Car)**
- ☐ **Salesperson (Used Car)**
- ☐ **Salesperson (Truck)**
- ☐ **F & I Manager**
- ☐ **Leasing Manager**
- ☐ **Fleet Manager**
- ☐ **Truck Manager**
- ☐ **Used Car Manager**
- ☐ **Rentals**

SERVICE & REPAIR

- ☐ **Service Manager**
- ☐ **Service Writer/Advisor**
- ☐ Dispatcher
- ☐ **Shop Foreman**
- ☐ **Mechanic/Technician**
- ☐ **Electrician**
- ☐ **Helper**
- ☐ **Painter**
- ☐ **Body Repair**
- ☐ **Get Ready**

PARTS

- ☐ **Parts Manager**
- ☐ Parts Counter
- ☐ Parts Stocker
- ☐ **Parts Driver**

OTHER

- ☐ **Machinist**
- ☐ **Porter/Janitor**
- ☐ **Security**
- ☐ **Driver/Messenger**
- ☐ **Maintenance**

DO NOT WRITE IN THIS SPACE – FOR INTERVIEWER'S USE ONLY		
Interviewed By:	Department:	Date:
Comments:		
DATE HIRED	FOR POSITION	FOR DEPARTMENT
STARTING WAGES PER	SUPERVISOR TO REPORT TO:	

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) 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 AND ACCURATE.

_____ _____

Date **Signature of Applicant**

By signing below, I acknowledge and agree that any dispute, claim, or controversy arising out of or relating to my application for employment, employment, or termination of employment with Hainesport Entreprises, LLC (or HEI Mercer Spring DIV, LLC) including but not limited to contract, tort, common law, and statutory claims of any kind, both state and federal, including but not limited to claims of discrimination, harassment, wrongful termination, whistleblower, or wage and hour violations, shall be resolved exclusively through final and binding arbitration. This arbitration shall be administered by and conducted in accordance with the rules of the American Arbitration Association (AAA) and governed by the substantive laws of the State of New Jersey, and the Federal Arbitration Act, as applicable. This agreement does not prevent me from filing a claim with a government agency, such as the Equal Employment Opportunity Commission (EEOC) or the New Jersey Division on Civil Rights, or from filing a claim for sexual assault or sexual harassment under the Ending Forced Arbitration of Sexual Assault and Sexual Harassment Act of 2021. If, and only if, AAA is unwilling or unable to administer the arbitration for any reason, the parties agree that such arbitration will instead be conducted and administered by JAMS under its then-current employment arbitration rules, or if JAMS is also unavailable, by another recognized arbitration organization mutually agreed by the parties. If the parties cannot agree, either party may petition a court of competent jurisdiction in Burlington County, New Jersey to appoint an administrator. Arbitration shall be conducted in Burlington County, New Jersey, before a single neutral arbitrator. I understand that by agreeing to arbitration, I am waiving my right to a trial by jury, and the right to have my claim heard in a Court of law. If any portion of this arbitration provision is found to be invalid or unenforceable, such portion will be severed, and the remainder of this provision will remain in full force and effect to the maximum extent permitted by law. If any provision of this arbitration clause is determined by the arbitrator or a court of competent jurisdiction to be overly broad or otherwise unenforceable as written, the arbitrator or court is authorized and directed to modify such provision so that it is enforceable to the fullest extent permitted by applicable law.

_____ _____

Print name Date

_____ _____

Signature Alise M. Jordan, HEI