



EMPLOYEE APPLICATION

507-451-5990 • 1125 S. Oak Avenue • Owatonna, MN 55060

hmmotors.com

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

Name _____ Date of Application _____
LAST FIRST MIDDLE

Address _____ City _____ State _____ Zip _____

Telephone _____

1. GENERAL INFORMATION

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? YES NO

Do you hold a valid Driver's License? YES NO

Do you own or have access to a Motor Vehicle, that you can drive daily? YES NO

Have you been convicted of any felonies other than minor traffic violations during the past seven years? (A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.) YES NO

If yes, explain: _____

Accounting Department

The following two questions are not mandatory. Please answer only if you feel comfortable offering the answers. The answers given here are not used to select a staff member. They are simply questions for our accounting dept and will be needed when setting up payroll.

Do you pay Child Support? YES NO

Do you pay or receive Alimony? YES NO

2. EDUCATION & TRAINING

Select last grade completed - Grade: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Masters _____ Doctorate _____

Name & Address of School	Major Course Studied	Graduated/Degree (Y or N)	Average Grade
Last High School Attended/ ADDRESS		<input type="checkbox"/> YES <input type="checkbox"/> NO	
College or University/Address Other School (Technical, Vocational, Graduate, etc.) / ADDRESS		<input type="checkbox"/> YES <input type="checkbox"/> NO	

List any scholarships, academic honors, awards or special achievements:

3. SKILLS Please list any skills you have that are appropriate for the position you are applying for:

If required, will you work? Rotating shifts YES NO Saturdays YES NO
Overtime YES NO Sundays YES NO

Position applying for, be specific: _____ Date You Can Begin _____

Salary Requirements \$ _____ per hour per month yearly commission only
 base pay plus commission productivity only base pay plus productivity

State fully why you believe you are qualified for this position

INTERESTS / ACCOMPLISHMENTS: You may wish to list significant experience, interests & accomplishments gained while working as a volunteer or as a hobbyist that may be useful in the position(s) you are seeking. Names or organizations designating religion, race, etc. need not be mentioned.

4. EMPLOYMENT HISTORY

Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past FOUR employers. If currently employed, may we contact your employer? YES NO

PRESENT OR MOST RECENT EMPLOYER

Company Name _____ Supervisor's Name _____
Address _____ City _____ State _____ Zip _____
Phone Number with Area Code _____ May we contact this employer? YES NO
List Specific Duties _____
Job Title _____ Employed From: _____ To: _____
Reason for leaving employment _____

Company Name _____ Supervisor's Name _____
Address _____ City _____ State _____ Zip _____
Phone Number with Area Code _____ May we contact this employer? YES NO
List Specific Duties _____
Job Title _____ Employed From: _____ To: _____
Reason for leaving employment _____

Company Name _____ Supervisor's Name _____
Address _____ City _____ State _____ Zip _____
Phone Number with Area Code _____ May we contact this employer? YES NO
List Specific Duties _____
Job Title _____ Employed From: _____ To: _____
Reason for leaving employment _____

Company Name _____ Supervisor's Name _____
Address _____ City _____ State _____ Zip _____
Phone Number with Area Code _____ May we contact this employer? YES NO
List Specific Duties _____
Job Title _____ Employed From: _____ To: _____
Reason for leaving employment _____

READ CAREFULLY: I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature: _____ Date _____