

# NEED A USED CAR?



THE NATION'S USED CAR DESTINATION

Off Lease Only, Inc. is an Equal Opportunity Employer

# Employment Application

Select Location

## Personal Information

Last		First		MI	Previous Employee <input type="checkbox"/> Yes <input type="checkbox"/> No		Email	
Street Address			City	ST	Zip		Home Phone	Mobile Phone
Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			Driver's License Number	
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please explain:				
Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No			War	
What position are you applying for?				How did you hear about this position?				
Expected Hourly Rate/ Salary		Date Available		Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accomodation? If no, describe the functions that cannot be performed. <input type="checkbox"/> Yes <input type="checkbox"/> No				

## Prior Work Experience

	Job 1 (Most Recent)		Job 2		Job 3	
Employer						
Address						
City, ST, ZIP						
Telephone						
Name of Supervisor						
Dates of Employment	From	To	From	To	From	To
Position/Job Title						
Reason for Leaving						
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

  

	Job 4		Job 5		Job 6	
Employer						
Address						
City, ST, ZIP						
Telephone						
Name of Immediate Supervisor						
Dates of Employment	From	To	From	To	From	To
Position/Job Title						
Reason for Leaving						
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Professional References**

	Reference 1	Reference 2	Reference 3
Name			
Company			
Relationship			
Contact Number			
E-mail (if available)			

**Education**

	Name/Location	Highest Degree Earned	Did you graduate	Major or Emphasis
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
List any applicable special skills, training or proficiencies.				
Licenses/Certifications				

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records unless I have indicated otherwise.	Signature	Date
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***Submit completed form to [jobs@offleaseonly.com](mailto:jobs@offleaseonly.com).***