Established 1924

grappone AUTOMOTIVE GROUP

Application for Employment

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other status protected by law. We are an Equal Opportunity Employer.

PO Box 1200 Concord NH 03302-1200
1-800-JCT-8993 or 1-(603)-226-8269

The Grappone Automotive Group requires pre-employment drug screenings and criminal background checks for all positions, and fitness for duty examinations and driving record history checks for certain positions.

Personal (please print)
application must be filled out completely.

Name _____
Last First MI

Address _____
No. Street City State Zip

Telephone No. (____) _____

Email Address _____

Referred by: ☐ Current team member - Please list the team member's full name: _____
☐ Walk-in ☐ Facebook
☐ Friend or relative ☐ Indeed

Are you over 18 years of age? ☐ Yes ☐ No If No, a work permit may be required.

Are you legally eligible for employment in the United States? ☐ Yes ☐ No
(if hired, verification will be required by law)

Position(s) applied for _____ Full Time ☐ Part Time ☐

If Part Time, please list days and times available: _____

Date you can start _____ Salary or Wages desired $ _____ ☐ HR ☐ WK

Have you worked for us before? _____ If Yes, when?_____ Position: _____
Indicate special qualifications or skills: _____

Education	Name & School Location	Course of Study	Years Completed	Did you Graduate?
Elementary				
High School				
College		Major Degree		
Other				

Are you employed at the present time? _____Yes _____No Can we contact your present employer?___Yes___No

If hired, will you work overtime if required? _____Yes _____No

Have you ever been convicted of a felony (excluding misdemeanors and traffic offenses):_____. If Yes, list conviction(s):
(a Conviction does not necessarily disqualify an applicant for the position being applied for)

Prior Employment

(Start with most recent employer first please)

Employer	Phone:	From	To
Address	City,State,Zip	Position	
Duties		Supervisor's Name	
		Starting Salary/Wages	
Reason for leaving:		Final Salary/Wages	
Employer	Phone	From	To
Address	City,State,Zip	Position	
Duties		Supervisor's Name	
		Starting Salary/Wages	
Reason for leaving:		Final Salary/Wages	
Employer	Phone	From	To
Address	City,State,Zip	Position	
Duties		Supervisor's Name	
		Starting Salary/Wages	
Reason for leaving:		Final Salary/Wages	

Military Service

Branch of Service	From	To	Rank & Duties	Date Discharged

Professional References (People listed here may be called for a reference)

Name	What is your professional relationship?	Yrs. Known	Telephone #

The above information is true and complete to the best of my knowledge. Should I be employed by the Company, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. The Company has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, my criminal history, personal history or credit standing. I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the Company. By typing in your name below, you hereby understand that you have agreed to fill out this application in an electronic format. By typing in your name below, you are aware that you also have the right to fill out a paper form of this application instead of the electronic one provided by visiting our corporate office at 594 Route 3A in Bow, New Hampshire.

Date _____ Signature of Applicant _____