

Scanlon Auto Group

Scanlon Lexus

Scanlon Acura

READ THE FOLLOWING BEFORE COMPLETING OUR EMPLOYMENT APPLICATION:

THERE IS NO GUARANTEE OF A JOB OFFER OR A JOB INTERVIEW IN COMPLETING OUR EMPLOYMENT APPLICATION. YOUR EMPLOYMENT APPLICATION WILL BE CONSIDERED WITH OTHERS WHO HAVE SUBMITTED APPLICATIONS AND DECISIONS ABOUT INTERVIEWS WILL BE BASED ON THIS COMPARISON.

OUR EMPLOYMENT APPLICATION MUST BE COMPLETELY FILLED OUT IN ORDER FOR YOU TO BE CONSIDERED FOR EMPLOYMENT.

IF THE INFORMATION PROVIDED ON THE APPLICATION CANNOT BE SATISFACTORILY VERIFIED BY EMPLOYMENT REFERENCE CHECKS, YOUR APPLICATION COULD BE CONSIDERED AS INCOMPLETE.

BE AS SPECIFIC AS POSSIBLE IN STATING THE POSITION YOU ARE APPLYING FOR; ANY POSITION IS NOT AN ACCEPTABLE RESPONSE.

DUE TO THE LARGE NUMBER OF EMPLOYMENT APPLICATIONS WE RECEIVE AND THE COMPETITIVE NATURE OF OUR EMPLOYMENT PROCESS, SPECIFIC REASONS FOR EMPLOYMENT DECISIONS WILL NOT BE RELEASED.

IN COMPLETING THE EMPLOYMENT APPLICATION, YOU MAY BE SUBJECT TO BUT NOT LIMITED TO THE FOLLOWING CHECKS:

EMPLOYMENT REFERENCE CHECK FROM FORMER EMPLOYERS
CRIMINAL RECORD CHECK
CREDIT RECORD CHECK
DRIVING RECORD CHECK
DRUG SCREENING

I HAVE READ THE ABOVE STATEMENT.

Signature of Applicant

Date

DEALERSHIP APPLICATION FOR EMPLOYMENT

Position Desired: _____ Full Time Part Time DATE: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER APPLICANT'S STATEMENT

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice or reason, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to the Company. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I further understand that if employed I will be on a 90-day introductory period, and that termination for unsatisfactory performance during that period will not result in any Company responsibility for unemployment benefits. I further understand that completion of the introductory period does not confer any expectation of continued employment, and that if employed, my employment will be for no definite period and "at-will".

By signing below, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

I certify that I have received a written notification that the Company may obtain a consumer report or reports on me. I authorize this Company to obtain such a report or reports for me in connection with my employment and for other employment-related reasons. I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, department of motor vehicle reports, and investigative consumer reports. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates, or with others with whom I am acquainted or who may have knowledge concerning any such items of information.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

_____ Date

_____ Signature of Applicant

PERSONAL DATA

Name _____
Last First Middle

Social Security No. _____
(Print)

Present Address _____
Street and Number City State Zip

How long have you lived there? _____
Years Months

Previous Address _____
Street and Number City State Zip

How long have you lived there? _____
Years Months

Telephone No. _____

Are you 18 years of age or older? Yes No

Email: _____

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: _____

Have you ever pled guilty or "no contest" to a crime, been convicted of a crime, had adjudication withheld, prosecution deferred or do you have any criminal charges pending? Yes No

If Yes, please give date and details of each: _____

NOTE: Answering "Yes" to this question does not constitute an automatic bar to employment. Only those crimes that are substantially related to the position you are seeking will be considered.

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or 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.

Present or Last Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Your Title or Position</u>	<u>Reason for Leaving</u>
Address				
City, State, Zip Code				
Telephone	To (mo/yr)	Final \$	<u>Name & Title of Last Supervisor</u>	
Previous Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Your Title or Position</u>	<u>Reason for Leaving</u>
Address				
City, State, Zip Code				
Telephone	To (mo/yr)	Final \$	<u>Name & Title of Last Supervisor</u>	
Previous Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Your Title or Position</u>	<u>Reason for Leaving</u>
Address				
City, State, Zip Code				
Telephone	To (mo/yr)	Final \$	<u>Name & Title of Last Supervisor</u>	
Previous Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Your Title or Position</u>	<u>Reason for Leaving</u>
Address				
City, State, Zip Code				
Telephone	To (mo/yr)	Final \$	<u>Name & Title of Last Supervisor</u>	

List all other employers you have had in the last ten (10) years _____

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: _____

PREVIOUS EXPERIENCE

Please indicate any actual experience that you have had in any of the following positions.

<u>OFFICE</u>	<u>SALES/LEASING</u>	<u>SERVICE & REPAIR</u>	<u>PARTS</u>
<input type="checkbox"/> CONTROLLER	<input type="checkbox"/> SALES MANAGER	<input type="checkbox"/> SERVICE MANAGER	<input type="checkbox"/> PARTS MANAGER
<input type="checkbox"/> OFFICE MANAGER	<input type="checkbox"/> NEW CAR SALES	<input type="checkbox"/> SERVICE ADVISOR	<input type="checkbox"/> PARTS COUNTER
<input type="checkbox"/> BOOKKEEPER	<input type="checkbox"/> USED CAR SALES	<input type="checkbox"/> DISPATCHER	<input type="checkbox"/> PARTS STOCKER
<input type="checkbox"/> ACCOUNTS RECEIVABLE	<input type="checkbox"/> TRUCK SALES	<input type="checkbox"/> SHOP FOREMAN	<input type="checkbox"/> PARTS DRIVER
<input type="checkbox"/> ACCOUNTS PAYABLE	<input type="checkbox"/> F & I MANAGER	<input type="checkbox"/> MECHANIC/TECHNICIAN	
<input type="checkbox"/> PAYROLL CLERK	<input type="checkbox"/> LEASING MANAGER	<input type="checkbox"/> ELECTRICIAN	OTHER
<input type="checkbox"/> TAG/TITLE CLERK	<input type="checkbox"/> FLEET MANAGER	<input type="checkbox"/> HELPER	<input type="checkbox"/> _____
<input type="checkbox"/> WARRANTY CLERK	<input type="checkbox"/> TRUCK MANAGER	<input type="checkbox"/> PAINTER	<input type="checkbox"/> _____
<input type="checkbox"/> DATA ENTRY	<input type="checkbox"/> USED CAR MANAGER	<input type="checkbox"/> BODY REPAIR	<input type="checkbox"/> _____
<input type="checkbox"/> CASHIER	<input type="checkbox"/> AFTER MARKET SALES	<input type="checkbox"/> GET READY/PREP	<input type="checkbox"/> _____

EDUCATION

School Name	Years Completed: (Circle)	Diploma or Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills, and Extra-Curricular Activities
Elementary	4 5 6 7 8			
High School	9 10 11 12			
College / University	1 2 3 4			
Graduate / Professional	1 2 3 4			
Trade / Correspondence				
Other				

PERSONAL REFERENCES

Please list persons who know you well - not previous employers or relatives

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

DRIVING INFORMATION

Do you have a current driver's license? [] Yes [] No

State: _____ License No.: _____ Expiration Date: _____

Has your driver's license ever been suspended or revoked? [] Yes [] No

If Yes, please explain circumstances: _____

Do you have personal automobile insurance? [] Yes [] No Name of Insurance Company: _____

Has your personal automobile insurance ever been canceled? [] Yes [] No

If Yes, please explain circumstances: _____

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)? [] Yes [] No

If Yes, please explain circumstances and outcome: _____

Please list all moving traffic violations in the last five (5) years:

Offense	Date	Location	Offense	Date	Location

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

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, CITIZENSHIP, MARTIAL STATUS, DISABILITY, OR NATIONAL ORIGIN.

PRE-EMPLOYMENT POLICY ACKNOWLEDGEMENT AND APPLICATION CONSENT

Scanlon Auto Group has established a Drug Free Work Place Program that requires testing for substance abuse for the following:

1. Pre-employment testing.
2. Testing for reasonable suspicion if substance abuse.
3. Testing will be performed following on the job accidents.
4. Testing will be part of all fitness for duty medical examinations.
5. All employees participating in a substance abuse rehabilitation program will be subject to quarterly testing for a period of 2 years after program completion.
6. Random testing of all employees will be conducted to promote abuse abstinence.
7. Employees may be tested after a 30-day or greater lay off or return to work following a leave of absence.

A copy of the Company's Drug Free Work Place Policy Statement is available for applicant review before testing. If employed, a copy of the Policy Statement will be given to all new employees.

Pre-employment applicants must present photo identification at the time/place of drug testing.

I freely and voluntarily agree to submit to a urinalysis or other substance abuse test as part of my application for employment. I understand that refusal to submit to the requirements or failure to qualify with an acceptable test result will disqualify me for employment.

By signing and dating this form, I consent to take the test(s) and authorize release of any test results to Ft. Myers Lincoln-Mercury, Inc., dba Scanlon Lexus; Scanlon Imports, Inc., dba Scanlon Acura, Scanlon Value Lot. I further authorize Ft. Myers Lincoln-Mercury, Inc./Scanlon Imports, Inc. to discuss the results with medical personnel/physician collecting the specimen, the testing facility, it's directors, officers, agents, and employees responsible for administering the aforementioned test(s) of evaluation the results thereof and any of them herein.

I further release any testing facility or testing service company or any physician who have tested me from any liability arising from a release of any and all results, written reports, medical records and date concerning my test(s) to the appropriate agency officials.

I further understand the above seven (7) requirements of the Company's testing program and recognize that refusal to take future requested tests or failure to meet test standards of the Company, may result in discharge.

I have read in full and understand the above statements and conditions of employment.

Applicant's Name (Print)

Date

Applicant's Signature

Date

Client Company _____

**DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS
OR INVESTIGATIVE CONSUMER REPORTS**

For employment purposes, a consumer reporting agency may obtain consumer reports, or investigative consumer reports, in connection with your employment application or from time to time during employment in accordance with applicable law. Consumer reports include record checks conducted by consumer reporting agencies and may include driving records, criminal records, credit records, etc. Investigative consumer reports include investigations (for example, reference checks) conducted by consumer reporting agencies through personal interviews (or through any means in California) on information as to character, general reputation, personal characteristics, or mode of living. You may make a written request for a summary of consumer rights and a disclosure of the nature and scope of an investigation. A disclosure of the nature and scope of such investigation is provided below.

**DISCLOSURE OF NATURE AND SCOPE OF INVESTIGATION
FOR INVESTIGATIVE CONSUMER REPORT**

In the event we request an investigative consumer report in connection with your employment application, a consumer reporting agency will prepare an investigative consumer report based on the following investigation: The agency will interview your former employers, business references, and/or personal references for information regarding prior employment, work experience and performance, reasons for employment termination, and information as to character, general reputation, personal characteristics, or mode of living. The agency will also conduct a records check of driving, criminal, credit, education, worker's compensation claim history, degrees, professional licenses, and/ or certification records depending on the position. Such a report, as well as any credit report, will be obtained from a consumer reporting agency. I have received a summary of my rights under the Fair Credit Reporting Act.

AUTHORIZATION

I authorize a consumer reporting agency to obtain consumer reports and/or investigative consumer reports regarding me from time to time for employment purposes. In compliance with the Fair Credit Reporting Act, as amended by the Consumer Credit Reporting Reform Act of 2003, a consumer reporting agency needs my authorization to obtain such a report.

***** I, _____, CERTIFY THAT I HAVE RECEIVED A COPY OF
"A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT" *****

*This information will not be used for the purpose of discrimination. The Federal Age
Discrimination in Employ. Act of 1967 prohibits discrimination on the basis of age.

Signature: _____ Date: _____

Print Name: _____ Date of Birth: _____

Address: _____ Social Security #: _____

City _____ State & Zip _____

Drivers License Number & State (if applicable): _____

California Applicants Only - - In California, if you wish to receive a free copy of any credit report obtained, please indicate by checking this box. A summary of the provisions of California Civil Code Section 1786.22 is provided herewith.

Minnesota Applicants Only - - If you are in Minnesota and you desire a free copy of your consumer report, please place an "X" in the box.

New York Applicants Only - - Upon your request, you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report.

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006. You may have additional rights under Maine's FCRA, Me. Rev. Stat. Ann. 10, Sec 1311 et seq.**

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days. In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.

Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.

Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>