

SPECIAL SKILLS

PLEASE GIVE US A SUMMARY OF SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT, EDUCATION, OR OTHER EXPERIENCE THAT MAY HELP YOU WITH THIS JOB.

REFERENCES

PLEASE GIVE US THE NAMES OF THREE PEOPLE (NOT RELATIVES), WHO CAN BE CONTACTED REGARDING YOUR QUALIFICATIONS, WORK HABITS, AND CHARACTER.

NAME	ADDRESS	PHONE #	POSITION	YRS.

I AUTHORIZE BOBBY AND STEVE'S AUTO WORLD TO MAKE ANY INVESTIGATION ON MY PERSONAL OR EMPLOYMENT HISTORY AND AUTHORIZE ANY FORMER EMPLOYER, PERSON, FIRM, CORPORATION, OR GOVERNMENT AGENCY TO GIVE BOBBY AND STEVE'S AUTO WORLD ANY INFORMATION THEY MAY HAVE REGARDING ME. IN CONSIDERATION OF BOBBY AND STEVE'S AUTO WORLD REVIEW OF THIS APPLICATION, I RELEASE BOBBY AND STEVE'S AUTO WORLD AND ALL PROVIDERS OF INFORMATION FROM ANY LIABILITY AS A RESULT OF FURNISHING AND RECEIVING THIS INFORMATION.

I ALSO HEREBY DECLARE THAT ALL OF THE ABOVE INFORMATION PROVIDED BY ME TO BOBBY AND STEVE'S AUTO WORLD IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF EMPLOYED, ANY MISSTATEMENT OR OMISSION OF FACT ON THIS APPLICATION SHALL BE CONSIDERED CAUSE FOR DISMISSAL.

I UNDERSTAND THAT MY FINAL ACCEPTANCE FOR EMPLOYMENT IS DEPENDENT ON MY BEING ABLE TO PERFORM THE DUTIES OF THE JOB FOR WHICH I AM APPLYING AND UPON RECEIPT OF FAVORABLE REPORTS ON MY QUALIFICATIONS.

I UNDERSTAND THAT RECEIPT OF THIS APPLICATION BY BOBBY AND STEVE'S AUTO WORLD IN NO WAY IMPLIES THAT I WILL BE EMPLOYED.

I UNDERSTAND AND ACKNOWLEDGE THAT IF I AM EMPLOYED BY BOBBY AND STEVE'S AUTO WORLD, THE CONTINUATION OF MY EMPLOYMENT WILL SOLELY BE AT THE DISCRETION OF THE COMPANY. I ALSO UNDERSTAND THAT THE COMPANY POLICIES, PRACTICES, BENEFIT PROGRAMS, AND OTHER TERMS AND CONDITIONS OF MY EMPLOYMENT ARE SUBJECT TO REVISION OR TERMINATION, AT THE DISCRETION OF THE COMPANY.

SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY

APPROVAL 1	DEPARTMENT LEADER	DATE
APPROVAL 2	DEPARTMENT LEADER	DATE
APPROVAL 3	TEAM LEADER	DATE
HIRED (DATE) FOR DEPT.	POSITION	
STARTING WAGES	WILL REPORT TO	

First Name _____

Last Name _____



APPLICATION FOR TEAM MEMBERSHIP

VISION

To be the best AUTO WORLD in the world!

MISSION

Help team members be all they can be so they can serve with confidence and respect for our advocates.

VALUES

Serving people is the most important part of Bobby and Steve's Auto World.

Be Alive, Alert, Awake, and Enthusiastic!

Grow, Teach and Learn to be Positive.

Look Sharp! Feel Sharp! Be Sharp!

Play hard as a team to reach our full potential!

**WE CONDUCT PRE-EMPLOYMENT DRUG TESTING
WE ARE PROUD TO BE A DRUG-FREE WORKPLACE**



Minneapolis, MN 55415
 1221 Washington Ave. S
 (612) 333-8900 (p)
 (612) 333-2145 (f)

Columbia Heights, MN 55421
 3701 Central Ave. N.E.
 (763) 788-1113 (p)
 (763) 782-0792 (f)

W. Minneapolis, MN 55405
 328 S. Cedar Lake Rd.
 (612) 377-4743 (p)
 (612) 377-7662 (f)

Eden Prairie, MN 55344
 8100 Flying Cloud Dr.
 (952) 944-1690 (p)
 (952) 943-8463 (f)

Bloomington, MN 55435
 7920 France Ave. S
 (952) 831-8833 (p)
 (952) 831-1824 (f)

W. Bloomington, MN 55437
 10740 Normandale Blvd.
 (952) 881-1024 (p)
 (952) 887-4145 (f)

Lino Lakes, MN 55038
 7090 21st Ave. S
 (651) 294-2094 (p)
 (651) 294-2089 (f)

Minneapolis, MN 55419
 5801 Nicollet Ave. S
 (612) 861-6133 (p)
 (612) 861-6027 (f)

All prospective team members will receive consideration without discrimination because of race, creed, sex, age, national origin or handicap.

DATE _____

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NAME (LAST, FIRST)			SOCIAL SECURITY NUMBER		
ADDRESS		APT. #	HOME PHONE		
CITY	STATE	ZIP	CELL PHONE		
ARE YOU 18 YEARS OF AGE OR OLDER?	IF NO, STATE DATE OF BIRTH	DRIVERS LICENSE #	STATE OF ISSUE		

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POSITION DESIRED	STORE LOCATION	DESIRED PAY
NUMBER OF HOURS YOU WOULD LIKE TO WORK	SHIFTS DESIRED (AM, PM, OVERNIGHT)	HAVE YOU APPLIED WITH US BEFORE? IF SO, WHEN?
WHEN WOULD YOU BE WILLING TO START?	WILL YOU WORK OVERTIME IF ASKED?	HOW WERE YOU REFERRED TO APPLY HERE?
AVAILABILITY		ARE YOU CURRENTLY EMPLOYED?
	SUN MON TUE WED THU FRI SAT	
FROM		ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?
TO		

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SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
COLLEGE					
HIGH SCHOOL					
GRAMMAR SCHOOL					
OTHER					

EMPLOYMENT HISTORY

PLEASE GIVE ACCURATE, COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD.

START WITH PRESENT OR MOST RECENT.

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COMPANY NAME	TELEPHONE
ADDRESS	EMPLOYED FROM TO
NAME OF SUPERVISOR	MAY WE CONTACT HIM/HER? PAY \$ _____ PER HOUR or WEEKLY <i>circle one</i>
STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING

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