

Lehman's Garage, Inc.

APPLICATION FOR EMPLOYMENT

Position Desired: _____ [] Part time [] Full time Date _____

Name _____
 (Print) Last First Middle

Present Address _____ How long have you lived there? _____
 Street and Number City State Years Months

Previous Address _____ How long did you live there? _____
 Street and Number City State Years Months

Telephone No. _____ Social Security No. _____

Have you ever worked for this company before? [] Yes [] No
 If Yes, please give dates and position: _____

Have you ever plead guilty or "no contest" to, or been convicted of, a misdemeanor or felony? [] Yes [] No
 If Yes, please give the date(s) and details: _____

Have you ever been arrested for any matter for which you are out on bail or on your own recognizance pending trial?
 [] Yes [] No
 If Yes, please give the date(s) and details: _____

NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infraction, and convictions for which the record has been sealed or expunged, any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, or referrals to and participation in any pre-trial or post-trial diversion programs.)

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 employment. If self-employed, give firm name and supply business references. [Add additional page if necessary.]

Present or Last Employer	Employed From	Pay	Your Title or Position	Exact Reason for Leaving:
Address	(mo/yr)	\$ _____ (start)	_____	
City, State, Zip Code	To	\$ _____ (final)	Name and Title of Last Supervisor	
Telephone	(mo/yr)		_____	
Previous Employer	Employed From	Pay	Your Title or Position	Exact Reason for Leaving:
Address	(mo/yr)	\$ _____ (start)	_____	
City, State, Zip Code	To	\$ _____ (final)	Name and Title of Last Supervisor	
Telephone	(mo/yr)		_____	
Previous Employer	Employed From	Pay	Your Title or Position	Exact Reason for Leaving:
Address	(mo/yr)	\$ _____ (start)	_____	
City, State, Zip Code	To	\$ _____ (final)	Name and Title of Last Supervisor	
Telephone	(mo/yr)		_____	

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Previous Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	Employed From _____ (mo/yr) To _____ (mo/yr)	Pay \$ _____ (start) \$ _____ (final)	Your Title or Position _____ Name and Title of Last Supervisor _____	Exact Reason for Leaving: _____ _____
Previous Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	Employed From _____ (mo/yr) To _____ (mo/yr)	Pay \$ _____ (start) \$ _____ (final)	Your Title or Position _____ Name and Title of Last Supervisor _____	Exact Reason for Leaving: _____ _____

Have you ever been terminated or asked to resign from any job? Yes No

If Yes, please explain the circumstances: _____

Please explain fully any gaps in your employment history: _____

May we contact your current employer? Yes No

If No, please explain: _____

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying: _____

Have you ever used another name? Yes No

Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? Yes No

If Yes, please explain: _____

If hired, can you furnish proof that you are over 18 years of age? Yes No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying?
 Yes No

Do you have adequate transportation to and from work? Yes No

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacations?

 YEAR NUMBER OF DAYS MISSED

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EDUCATION

School Name	Years Completed (Circle)	Diploma/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 or 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

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

Lehman's Garage, Inc.

APPLICANT'S STATEMENT & AGREEMENT

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests such as personality and honesty tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that the company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references and other with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize these employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims or damages that may directly or indirectly result from the use, disclosure or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself.

I also acknowledge that the Company utilizes a system of alternative dispute resolution that involves binding arbitration to resolve all disputes that may arise out of the employment context. Because of the mutual benefits (such as reduced expense and increased efficiency) which private binding arbitration can provide both the Company and myself, both the Company and I agree that any claim, dispute and/or controversy (including, but not limited to, any claims of discrimination and harassment, whether they are based on the Minnesota Human Rights Act, Title VII of the Civil Rights Act of 1964, as amended, as well as all other state or federal laws or regulations) that either I or the Company (or its owners, directors, managers, employees, agents and parties affiliated with its employee benefit and health plans) may have against the other which would otherwise require or allow resort to any court or other governmental dispute resolution forum arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company, whether based on tort, contract, statutory, or equitable law or otherwise, (with the sole exception or claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board), claims for medical and disability benefits under Workers' Compensation, and Unemployment Compensation claims filed with the state shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the Minnesota Statutes, Ch. 572. However in addition to requirements imposed by law, any arbitrator herein shall be a retired Minnesota District Court Judge and shall be subject to disqualification on the same grounds as would apply to a judge of such court. To the extent applicable in civil action in United States District Courts, the following shall apply and be observed: all rules of pleading, all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment, judgment on the pleadings. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including, but not limited to, notions of "just cause") other than such controlling the law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged. As reasonably required to allow full use and benefit of this agreement, the arbitrator shall extend the times set for giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion and, at either party's written request within 10 days after issuance of the award, shall be subject to affirmation, reversal or modification, following review of the record and arguments of the parties by a second arbitrator who shall, as far as practicable, proceed according to the law and procedures applicable to appellate review by the Minnesota Court of Appeals of a civil judgment court trial. Should any term or provision, or portion thereof, be declared void or unenforceable it shall be severed and the remainder of this agreement shall be enforceable. **I UNDERSTAND THAT BY VOLUNTARILY AGREEING TO THIS BINDING ARBITRATION PROVISION, BOTH THE COMPANY AND I GIVE UP OUR RIGHT TO TRIAL BY JURY OF ANY CLAIM THE COMPANY OR I MAY HAVE AGAINST EACH OTHER.**

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interviews is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by the Company (employer) at any time and for any reason whatsoever, with or without good cause at the option of either the Company or myself. No implied, oral or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President of the Company (or majority owner or owners if Company is not a corporation). No supervisor or representative of the Company, other than the President of the Company (or majority owner or owners if Company is not a corporation), has any authority to make agreements contrary to the foregoing. This agreement is the entire agreement between the Company and the employee regarding the rights of the Company or the employee to terminate employment with or without good cause, and this agreement takes the place of all-prior and contemporaneous agreements, representations and understandings of the employee and the Company.

If you have any questions regarding this statement, please ask a Company representative before signing. I hereby acknowledge that I have read the above statements and understand the same.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT.

SIGNATURE OF APPLICANT

DATE