



APPLICATION FOR EMPLOYMENT

Madland Toyota-Lift, Inc. is an Equal Opportunity Employer. It is the policy of the Company to ensure nondiscrimination and equal opportunity to all persons without regard to age, race, color, creed, religion, sex, national origin, marital or veteran status, disability, or any other legally protected status.

Position Applying For: \_\_\_\_\_

PERSONAL INFORMATION

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Address City State Zip Code

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please answer the following questions:

- Are you legally eligible to work in the United States? Yes  No
- If you are under 18 years of age, can you provide the required proof of your eligibility to work? N/A  Yes  No
- Have you ever filed an application with us before? Yes  No   
If yes, give date: \_\_\_\_\_
- Have you ever been employed with us before? Yes  No   
If yes, give date: \_\_\_\_\_
- Do you have any friends or relatives that work for us? Yes  No   
If yes, please provide name of employee and relationship \_\_\_\_\_
- Are you currently employed? Yes  No



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4485 Buck Owens Blvd  
Bakersfield, CA 93308

661.393.2491

322 N. Aviator St  
Camarillo, CA 93010

805.485.7778

222 North Blosser Rd  
Santa Maria, CA 93458

805.347.7878



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## TOYOTA-LIFT

- Have you ever served in the U.S. Military? Yes  No   
 If yes, please provide the following information:  
 Branch of Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_  
 Rank at time of separation: \_\_\_\_\_

### EMPLOYMENT HISTORY

#### Present or Most Recent Employment

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Position held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Reasons for leaving:  
\_\_\_\_\_

- May we contact previous supervisor? Yes  No  Telephone: \_\_\_\_\_

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#### Prior Employment

1. Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Position held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Reasons for leaving:  
\_\_\_\_\_

- May we contact previous supervisor? Yes  No  Telephone: \_\_\_\_\_



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2. Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Position held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

• May we contact previous supervisor? Yes  No  Telephone: \_\_\_\_\_

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3. Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Position held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

• May we contact previous supervisor? Yes  No  Telephone: \_\_\_\_\_

### EDUCATION

• High School – Name & Location: \_\_\_\_\_

Did you graduate? Yes  No  If no, did you receive a GED? Yes  No

• Technical or Vocational School – Name & Location: \_\_\_\_\_

Did you graduate? Yes  No  Degree or Certification: \_\_\_\_\_



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• College or University – Name & Location: \_\_\_\_\_  
Did you graduate? Yes  No  Degree: \_\_\_\_\_ Major: \_\_\_\_\_

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### POSITION INFORMATION

• Please describe any skills you have which will be useful in considering you for the position for which you are applying:

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• Indicate any foreign languages you can:  Speak  Read  Write: \_\_\_\_\_

• Are you available to work: Full Time  Part Time  • Are you available to work weekends? Yes  No

• Are you on lay-off status, subject to recall? Yes  No  • Can you travel overnight if required? Yes  No

• Are you able to perform the duties of the position for which you are applying, with or without a reasonable accommodation, including regular attendance? Yes  No

• Explain any gaps in your employment history. Do not provide information about any physical or mental disabilities or other medical information.

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• Desired Salary/Hourly Rate: \_\_\_\_\_ Date you can start: \_\_\_\_\_



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## TOYOTA-LIFT

I understand and acknowledge the following:

That 1) If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.; 2) If I am employed, any false statement, misrepresentation, or omission of facts on this application, supporting documents, or any interview, regardless of when discovered to be false or omitted, may result in my immediate dismissal.; 3) I will be required to possess a current and valid California driver's license if my job requires me to drive in the course of my work; 4) If offered a position it will be a conditional offer based on my successfully passing a drug and alcohol screen.

I further understand and agree that, if I am offered a position, it will be offered on condition that my employment shall be at will and not for a definite period of time. I understand and agree that the Company retains the right to demote, transfer, or change my job duties at any time with or without notice and with or without cause at its sole discretion. I understand and agree that the Company may terminate my employment at any time, with or without cause, and with or without notice, at the option of either the Company or myself.

I authorize the investigation of all statements contained in this application, supporting documents and any interview. I authorize the Company to secure information about my experience from former employers, educational institutions, government agencies, or any references I have provided, and for those parties to provide the information concerning my experience, and I hereby release all parties from any liability arising from such investigation.

I understand that no supervisor or manager may alter or amend the conditions set forth in the paragraphs above.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

### FOR PERSONNEL DEPARTMENT USE ONLY

Interview: Yes  No  Interview Date: \_\_\_\_\_ Interviewed By: \_\_\_\_\_

Employed: Yes  No  Start Date: \_\_\_\_\_ Salary/Hrly Rate \_\_\_\_\_ Job Title: \_\_\_\_\_

NOTES:

\_\_\_\_\_



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MADLAND TOYOTA-LIFT, INC.

**CONSENT TO DRUG / ALCOHOL TESTING / PREPLACEMENT PHYSICAL**

I acknowledge Madland Toyota-Lift, Inc. (the Company) is concerned about activities that could adversely affect the safety and work performance of its employees. I understand it is the policy of the Company to conduct preplacement physical, along with drug and/or alcohol tests of job applicants. I understand that one of the requirements for consideration of employment is the satisfactory passing of the Company's preplacement physical, drug and/or alcohol test.

I understand that favorable test results do not necessarily guarantee I will be accepted for employment by the Company. I further agree to hold harmless the Company, its agents and testing facility from any liability arising, in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

I also give consent to the testing agency to release to the Company and other officially interested parties the results of my tests and other test-related information. I understand that only duly-authorized Company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to official inquiries or notices.

If I am accepted for employment, I understand that the company will require a drug screen and/or alcohol test under this policy whenever I am involved in an on-the-job accident or injury, whether I am injured or not, and I agree to submit to any such test as a condition of my continued employment. I will hold harmless the company, its agent, and any testing laboratory the company might use for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and hereby agree to submit to drug and/or alcohol testing.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Company Representative

\_\_\_\_\_  
Date



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