

# APPLICATION FOR EMPLOYMENT

## EVERETT'S AUTO PARTS

Position Desired: \_\_\_\_\_ [ ] Part time [ ] Full time Date \_\_\_\_\_

Name (Print) \_\_\_\_\_  
 Last First Middle

Present Address \_\_\_\_\_  
 Street and Number City State Zip Code  
 How long have you lived there? \_\_\_\_\_  
 Years Months

Previous Address \_\_\_\_\_  
 Street and Number City State Zip Code  
 How long did you live there? \_\_\_\_\_  
 Years Months

Telephone No. \_\_\_\_\_ Social Security No. \_\_\_\_\_ E-Mail: \_\_\_\_\_

### 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. [Add additional page if necessary]

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

<u>Previous Employer</u> <hr/> <u>Address</u> <hr/> <u>City, State, Zip Code</u> <hr/> <u>Telephone</u> <hr/>	<u>Employed</u> <hr/> From (mo/yr) <hr/> To (mo/yr)	<u>Pay</u> <hr/> \$ Start <hr/> \$ Final	<u>Your Title or Position</u> <hr/> <hr/> <u>Name and Title of Last Supervisor</u>	<u>Exact Reason for Leaving</u> <hr/> <hr/>
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Have you ever been terminated or asked to resign from any job?  Yes  No  
If yes, please explain circumstances:

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Please explain fully any gaps in your employment history:

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May we contact your current employer?  Yes  No. If No, please explain:

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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.

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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? If yes, please explain:

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

If a driver's license is required for the position for which you are applying, do you have a current valid driver's license?

Yes  No Issuing State: \_\_\_\_\_ License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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 vacation?

\_\_\_\_\_  
YEAR NUMBER OF DAYS

\_\_\_\_\_  
YEAR NUMBER OF DAYS

\_\_\_\_\_  
YEAR NUMBER OF DAYS

**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

**ADDITIONAL INFORMATION**

Please indicate any actual work experience you have in the following positions:

<input type="checkbox"/> Office Manager <input type="checkbox"/> Bookkeeper <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> Accounts Payable <input type="checkbox"/> Payroll Clerk <input type="checkbox"/> Data Entry <input type="checkbox"/> Cashier	<input type="checkbox"/> Receptionist <input type="checkbox"/> Clerical – General <input type="checkbox"/> Customer Service Representative <input type="checkbox"/> Manager <input type="checkbox"/> Counter Sales <input type="checkbox"/> Dispatcher / Shipper	<input type="checkbox"/> Yard Inventory <input type="checkbox"/> Dismantling <input type="checkbox"/> Warehouse / Parts Puller <input type="checkbox"/> Delivery <input type="checkbox"/> Buyer <input type="checkbox"/> Other _____
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**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 INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

## APPLICANT'S STATEMENT & AGREEMENT

I certify that the information given above is true and complete and I understand that misrepresentation and/or withholding of information will result in the rejection of this application or my discharge if discovered after employment begins. I authorize the Company to make inquiries regarding my history and character of prior employers, schools, etc. and hereby release employers, schools or individuals from all liability in responding to inquiries in connection with my application and release the Company from all liability with respect to such inquiries.

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 or alcohol 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 tests, prior to and during my employment. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period of time, and my employment and compensation may be terminated by either the Company (employer) or me at any time and for any reason whatsoever, with or without good cause.

This is the entire agreement between the Company and me regarding the length of my employment and the reasons for termination of employment, and this agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by the President of the Company. No supervisor or representative of the Company, other than its President, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing. Oral representations made before or after you are hired do not alter this agreement.

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, and/or a rotating work schedule other than Monday through Friday.

I understand that if I am hired for a mechanical job, I must furnish a complete set of automotive hand tools as needed. If I am required to drive a vehicle, I must hold a valid license. If I am asked to wear Company uniforms, I must furnish them at my own expense. If I damage Company property, I will be responsible for costs. Failure to comply with the above subjects me to dismissal.

I understand that this application shall remain active for no longer than thirty (30) days.

### **IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK A COMPANY REPRESENTATIVE BEFORE SIGNING.**

I HEREBY ACKNOWLEDGE THAT I HAVE READ ALL OF THE ABOVE STATEMENTS, AND THAT I UNDERSTAND AND AGREE TO THEM.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date