



EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT. ANSWER ALL QUESTIONS COMPLETELY. INCOMPLETE APPLICATIONS MAY BE REJECTED.

NAME: Last First M.I. ADDRESS: Street Apt. # City State Zip HOME PHONE: Cell PHONE: POSITION APPLIED FOR: Date Available to Work: Full-time Part-time Temporary Desired Wage: Store location you are applying for: If multiple locations, please list all store locations you are interested in, or how many miles you are willing to commute every day:

EDUCATION

HIGH SCHOOL (Name and Location): DID YOU GRADUATE? BUSINESS OR TECHNICAL COLLEGE: MAJOR FIELD: COLLEGE OR UNIVERSITY: MAJOR FIELD: List any additional education or training relevant to the position you seek: List any educational honors or pertinent professional affiliations and activities relevant to the position you seek:

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY OUR ORGANIZATION? If yes, provide dates of employment, location and name of supervisor:

DO YOU HAVE RELATIVES CURRENTLY EMPLOYED BY OUR ORGANIZATION? If yes, provide name, location and position:

HAVE YOU EVER USED A DIFFERENT NAME OR NICKNAME NECESSARY FOR US TO VERIFY YOUR WORK OR SCHOOL RECORDS? If yes, provide name and dates used:

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? NOTE: If hired, you will be required to submit proof of U.S. Citizenship or of lawful alien status which permits you to work in the United States.

ARE YOU UNDER AGE 18? If yes, can you furnish a work permit if it is required?

HAVE YOU EVER BEEN ARRESTED FOR A FELONY AND/OR CONVICTED OF A FELONY OR MISDEMEANOR? If yes, please give details and dates of each: (Dates MUST be provided)

IF APPLYING FOR A POSITION REQUIRING DRIVING: NOTE: If hired for a position requiring driving a company vehicle, you will be required to submit proof of a valid driver's license. Do you have a valid driver's license?

List traffic violations (other than parking violations) and automobile accidents incurred during the past three years:

## EMPLOYMENT HISTORY

*Additional sheet or a brief resume may be attached. However, you must complete all of the information below. Incomplete applications may be rejected. State current and previous employment experience. Include relevant U.S. Military service and volunteer work. List present or last place of employment first.*

COMPANY: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FULL-TIME  PART-TIME

JOB TITLE: \_\_\_\_\_

FROM: \_\_\_\_\_/\_\_\_\_

Month Year

STARTING SALARY: \_\_\_\_\_ FINAL SALARY: \_\_\_\_\_

To: \_\_\_\_\_/\_\_\_\_

Month Year

RESPONSIBILITIES: \_\_\_\_\_

SUPERVISOR NAME/PHONE:

\_\_\_\_ ( ) \_\_\_\_\_

REASON FOR LEAVING/CONSIDERING CHANGE: \_\_\_\_\_

WERE YOU INVOLUNTARILY  
DISCHARGED?  Yes  No

**IF YOU ARE CURRENTLY EMPLOYED, MAY WE CONTACT THIS EMPLOYER?**

Yes  No

COMPANY: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FULL-TIME  PART-TIME

JOB TITLE: \_\_\_\_\_

FROM: \_\_\_\_\_/\_\_\_\_

Month Year

STARTING SALARY: \_\_\_\_\_ FINAL SALARY: \_\_\_\_\_

To: \_\_\_\_\_/\_\_\_\_

Month Year

RESPONSIBILITIES: \_\_\_\_\_

SUPERVISOR NAME/PHONE:

\_\_\_\_ ( ) \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

WERE YOU INVOLUNTARILY  
DISCHARGED?  Yes  No

COMPANY: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FULL-TIME  PART-TIME

JOB TITLE: \_\_\_\_\_

FROM: \_\_\_\_\_/\_\_\_\_

Month Year

STARTING SALARY: \_\_\_\_\_ FINAL SALARY: \_\_\_\_\_

To: \_\_\_\_\_/\_\_\_\_

Month Year

RESPONSIBILITIES: \_\_\_\_\_

SUPERVISOR NAME/PHONE:

\_\_\_\_ ( ) \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

WERE YOU INVOLUNTARILY  
DISCHARGED?  Yes  No

**REFERENCES: LIST 3 REFERENCE NAMES, TELEPHONE NUMBERS, YEARS KNOWN (DO NOT INCLUDE RELATIVES):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the foregoing information is correct and complete, and Automotive Supply Company may terminate my employment for falsification of statements, answers or material omissions made by me in this employment application. I authorize Automotive Supply Company to investigate these statements, references, previous employers and school records and authorize the release of such information without liability. I understand that employment and compensation can be terminated with or without cause at any time at the option of Automotive Supply Company or myself.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

*Thank you for your interest in Automotive Supply Company as a prospective employer.  
An Equal Opportunity Employer*