

APPLICATION FOR EMPLOYMENT

DRUG TESTING REQUIREMENT
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION			
Name (Last name first)		Social Security No.	
Physical Address		City	State
Mailing Address (If different from Physical Address)		City	State
Email Address:			
Phone#	Valid Driver's License #:	Driver's License Exp Date:	Are You At Least 18 Years Old? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a legal right to be employed in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If offered a position, the Immigration Reform & Control Act of 1986 requires that you furnish satisfactory proof of employment authorization and identification within three days of being hired.
Are you bi-lingual?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what language(s)?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>(An affirmative response will not automatically disqualify you from being a candidate for employment.)</i>
If yes, explain:			

EMPLOYMENT DESIRED			
Position	Date You Can Start	How Do You Plan to Get to Work?	Salary Desired
Are You Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		If so, may we inquire with your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever applied to this company before? <input type="checkbox"/> YES <input type="checkbox"/> NO		When?	

EDUCATION				
Type	Name & Location of School	Years Attended	Did You Graduate	Subjects Studied
High School				
College				
Trade, Business or Corresp. School				

GENERAL

Subjects of Special Study / Research Work or Special Training / Skills

FORMER EMPLOYERS *(List Current/Most Recent First)*

Date Month & Year	Company Name/ City, State/ Phone #	Salary	Position	May we contact?	Reason for Leaving
From					
To					
From					
To					
From					
To					
From					
To					

PROFESSIONAL REFERENCES

*Please list three references who are NOT related to you.
Current or Former Co-Workers or Supervisors are preferred.*

NAME / BUSINESS NAME	ADDRESS	CONTACT PHONE #	YRS KNOWN
1.			
2.			
3.			

DISCLAIMER AND SIGNATURE

I hereby certify that I have personally completed this application. I further certify that I have not knowingly withheld any information and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material facts is grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. This application will be retained for a period of time as required by applicable State and Federal laws.

I understand that the information I have provided on this application will be used to contact prior employers for purposes of investigating my background. I hereby authorize All Foreign Used Auto Parts to thoroughly investigate my work record, experience, references and other matters related to my suitability and qualifications for employment. I authorize the previous employers and references to disclose to All Foreign Used Auto Parts any and all information related to my work record. I hereby release All Foreign Used Auto Parts and former employers, persons, companies or corporations supplying such information from all liability arising out of such investigation and disclosure.

I understand that nothing contained in the application or conveyed during an interview is intended to create or imply an employment contract between All Foreign Used Auto Parts and me. This application does not obligate All Foreign Used Auto Parts to hire me. However, if I am hired, I understand that my employment is at will, i.e., not for any specific time period or duration, and either I, the employee, or All Foreign Used Auto Parts may terminate the relationship at any time, with or without cause or notice.

DATE: _____

SIGNATURE: _____

Notification and Release

In connection with my application for employment with you, I understand that a consumer report which may contain public record information may be requested. This report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such report may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, etc. from federal, state and other agencies which maintain such records as well as information concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving record; (3) claims involving me in the files of insurance companies; (4) criminal records. The Fair Credit Reporting Act (Public Law 91-588) requires us to inform you that if a Consumer Reporting Agency is engaged in a background investigation, then information relevant to the nature and scope of the inquiry, if one is made, will be provided upon your written request.

Applicant Signature: _____ **Date:** _____

DO NOT WRITE BELOW THIS LINE

REMARKS

Empty rectangular box for remarks.

HIRED ON:	FOR POSITION:	START DATE:	STARTING SALARY:
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