



An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

It is the policy of Automotive Supply Associates, Inc., Sanel Auto Parts, Inc., and their related companies and divisions to provide equal opportunity for all qualified persons. We are an equal opportunity employer dedicated to a policy of non-discrimination in employment on the basis of race, color, age, sex, religion, national origin, disability, citizenship, marital status, military status or sexual orientation.

PLEASE PRINT ALL INFORMATION

Today's Date: _____ Salary/Wage Desired: _____ Position Desired: _____

Applying For: Full Time Part Time Summer Temporary

Last Name		First Name		Initial	Date Available to Begin Work
Street Address		City	State	Zip Code	Telephone Number

How were you referred to us? Walk-in Advertisement Agency Other
 Employee (Name _____)

Do you have the legal right to work in the United States?..... Yes No

Are you over 18 years of age?..... Yes No

Have you completed an Employment Application with us in the past year?..... Yes No
 If yes, where? _____

Have you ever worked for this company before? Yes No

If yes, when, where, and what position did you hold? _____

Do you have relatives who work for this company? Yes No If yes, name _____

Occasional overtime may be required, including weekends. Can you work overtime during the week?
 Yes No On weekends? Yes No

Education	Name and Location of School	Circle Last Year	Did you Graduate?	Subjects Studied & Degree(s) Received
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other Education, including Military: _____

Are you currently attending school? Yes No If yes, studying what & where? _____

U.S. Military Service: Branch _____ Dates of Service: From _____ To _____

Describe Nature of Duties and any special honors received: _____

EMPLOYMENT HISTORY — List present or most recent employer first

Name and Address of Employer	Details of Position	Title and Description of Duties
	Date Began:	
	Date Ended:	
	Supervisor Name:	
	Salary upon leaving:	
	Reason for leaving:	
	Date Began:	
	Date Ended:	
	Supervisor Name:	
	Salary upon leaving:	
	Reason for leaving:	
	Date Began:	
	Date Ended:	
	Supervisor Name:	
	Salary upon leaving:	
	Reason for leaving:	

Account for Period(s) between Jobs: _____

Have you ever been discharged or forced to resign from any prior job? Yes No

If yes, please explain: _____

May we contact your present or most recent employer for references? Yes No

List any professional, technical, social, community, or other organizations that you belong to. (You may omit clubs or organizations that would indicate religious, racial, or national character):

List the machines and equipment (e.g., computer, forklift) that you can operate. Note length of experience for each: _____

Special skills/licenses: _____

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ►

Date

Additional information that would be helpful in judging your qualifications: _____

REFERENCES

List below three business references

Name	Phone Number	Position	Years Acquainted
1.	()		
2.	()		
3.	()		

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents verifying your identity and legal right to work in the United States. You cannot be employed if you cannot comply with these requirements.

AUTHORIZATION

I certify that the answers given to me to the questions are true and correct without consequential omission of any kind whatsoever. I understand and agree that a false statement, answer, or omission constitutes sufficient cause for dismissal and the company shall not be liable in any respect if my employment is terminated because of the falsification of statements, answers, or omissions made by this application. I also authorize the companies, schools, or persons named to give any information regarding my employment together with any information they may give regarding me, whether or not it is in their records. I hereby release said companies, schools, or persons from all liability for any damage resulting from issuing this information. In consideration of my employment, I agree to conform to the rules and regulations of Automotive Supply Associates, Inc., Sanel Auto Parts, Inc., and their related companies or divisions and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself.

I understand that if I receive an offer of employment, I will be required to pass the company's pre-employment drug test. I agree to have a test to detect for drugs as described in the company's Drug and Alcohol Policy. I understand that if I become employed by the company, I will be subject to the company's Drug and Alcohol Policy and I agree that, whenever required by the company pursuant to that Policy, I will take a test to detect for drugs. I agree that the report of all such test(s) may be released to agents of the company. I release the company and its agents from any liability arising out of or related to any drug testing, to the extent permitted by law. I understand and agree that the results of the test will be released to any authorized Federal, State and local governmental authority which inquires about me, including Workers Compensation and Division of Employment Security, and to any other entity under compulsion of law or subpoena.

Applicant's Signature _____