



Application For Employment

An Equal Opportunity Employer

Please inform us if you require assistance in completing this document. Acceptance of a completed employment application does not imply any commitment of actual employment.

NAME: _____

DATE: _____

POSITION(S) APPLIED FOR _____

Please complete this application yourself. Answer all questions fully and accurately, since all statements made by you will be subject to verification.

This application for employment will remain active for 90 days. After 90 days, applicant must submit another completed application form for future employment consideration.

DATE AVAILABLE FOR EMPLOYMENT:

TYPE OF EMPLOYMENT SOUGHT:

_____ Full-Time Part-Time Intern Temporary Seasonal

Name: _____

Social Security No.: _____

Present Address: _____

Telephone No: _____

Previous Address (If at present address less than one year): _____

Email Address: _____

I do not have an email address

Position(s) Applied For (Be specific): _____

Location Preference, if any: _____

If applying for a part-time position, days available: Mon Tues Wed Thur Fri Sat Sun

Hours From: _____ AM/PM To: _____ AM/PM

Shift Preference: First Second Third

Are you 18 years of age or older? YES NO

If no, hire is subject to verification that you are of minimum age to engage in work.

Are you lawfully entitled to work in this country? YES NO

Have you ever applied for employment with us before? YES NO If yes, when? _____

Have you ever been employed by us? YES NO If yes, from _____ (MM/YY) to _____ (MM/YY)

Where? _____

How were you referred to us?

Employee referral: Name of employee: _____

Online Ad (online website name): _____

Employment Agency

Newspaper Ad

Website

Walk-in

Are you presently employed? YES NO

May we contact your present employer? YES NO

Why do you desire to make an employment change at this time? _____

Have you ever been discharged or asked to resign from a job? YES NO If yes, explain

Have you ever held a position of trust (handling monies, securities or confidential material)? YES NO

Have you ever been bonded: YES NO

If applying for a position requiring the driving of a motor vehicle, do you have a valid license for the type of vehicle to be operated? YES NO

If yes, License Class: _____ License Number: _____ State of issue: _____ Expiration Date: _____

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR COURSE OF STUDY	CHECK LAST YEAR COMPLETED	DID YOU GRADUATE?	TYPE OF DIPLOMA, DEGREE OR CERTIFICATE
HIGH SCHOOL			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
VOCATIONAL OR BUSINESS SCHOOL			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER (Specify)			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Describe any other specialized professional training undertaken (such as technical, correspondence or night school courses):

Specify professional designations, certifications, licenses, or registrations held: _____
 License / Certification number(s): _____
 State(s) of issue _____ Expiration date(s): _____

Do you have your own tools you can use? YES NO If YES, Please list tools and brand. _____

Check the computer equipment and software you can operate:

Proficiency

<input type="checkbox"/> Mainframe	<input type="checkbox"/> Word	Other Word Processor:	List: _____	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
<input type="checkbox"/> PC	<input type="checkbox"/> Excel	Other Spreadsheet:	List: _____	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
<input type="checkbox"/> Terminal	<input type="checkbox"/> PowerPoint	Other like program:	List: _____	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
<input type="checkbox"/> Photocopier	<input type="checkbox"/> Access	Other Database:	List: _____	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
<input type="checkbox"/> Fax Machine	<input type="checkbox"/> Outlook	Other email/contact mgr	List: _____	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
<input type="checkbox"/> Scanner		Other program	List: _____	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced

For Information Technology or Accounting positions please indicate specialty: _____

Other skills which could lend assistance in determining your qualifications/eligibility for employment: _____

Have you obtained any special skills or abilities as the result of service in the military? YES NO

If yes, describe: _____

List references (Do not include relatives.):

Name _____ Address _____ Phone No. _____ Occupation _____

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Begin with your present or most recent employer:

1. Name of Employer	Address:	Telephone No.:	
Immediate Supervisor (Name and Title):	Date Hired:	Starting Pay Rate:	Final Pay Rate:
		\$	\$
Present or Final Position:	Date Left:	Reason for Leaving:	
Job Duties:			

2. Name of Employer	Address:	Telephone No.:	
Immediate Supervisor (Name and Title):	Date Hired:	Starting Pay Rate:	Final Pay Rate:
		\$	\$
Present or Final Position:	Date Left:	Reason for Leaving:	
Job Duties:			

3. Name of Employer	Address:	Telephone No.:	
Immediate Supervisor (Name and Title):	Date Hired:	Starting Pay Rate:	Final Pay Rate:
		\$	\$
Present or Final Position:	Date Left:	Reason for Leaving:	
Job Duties:			

EMPLOYMENT APPLICANT'S AGREEMENT AND CERTIFICATION

I understand that if I am hired, I retain the right to terminate my employment and Raceway Auto and Truck Parts, LLC retains a similar right to terminate my employment at any time for any reason. I acknowledge that if I am hired, I will be employed at will.

I acknowledge that nothing contained in policies, practices, handbooks and other Company material create any guarantee of employment. Any promises to the contrary will be relied on by me only if they are in writing and signed by an authorized Company official.

I understand that the Company has the right to modify, amend, or terminate policies, practices, benefit plans and other Company programs within the limits and requirements imposed by law.

I understand that the accuracy and completeness of my statements will be relied on by Raceway Auto and Truck Parts, LLC. I authorize investigation of all statements contained in this application, and I agree to execute any consent forms and/or provide any authorization needed for Raceway Auto and Truck Parts, LLC to obtain any transcripts, records or documents pertaining to my background and business experience. I also agree to release Raceway Auto and Truck Parts, LLC from any liability arising therefrom and understand any misstatements, omissions or false statements made by me may result in refusal of employment or termination of employment if discovered after I am hired.

SIGNATURE OF APPLICANT

DATE