

APPLICATION FOR EMPLOYMENT

Please complete the company application in full. Resumes May be attached but NOT as a substitute. Only applications That are complete, legible and signed will be considered.

APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS.

				PE	RSONAL D	ATA				
Date	e:	Positio	n Applying fo	or:	Wage Desired			ired		
Nom	20									
INall	ne	LAST		FIRST	Γ	MIDD	LE	MAIDEN		
Pres	sent address	NUMBI	-D		STREET		CITY	STATE	ZIP	
	Dh ()			Dhara ()		Farall adda				
Hom	ne Phone ()		Cell or Msg	Phone ()_		Email addre	·SS			
Are	you a United State	s Citizen or	an Alien leg	ally entitled to	work in the U	.S.? □Yes	□No			
If hir	ed, can you submi	t proof of aç	ge? □Yes	□No						
Have	e you ever been er	nployed by	NAPA Auto	Parts? □Yes	s 🗆 No					
If ye	s, give dates and p	osition(s) h	eld							
(Ans	swer only if the pos	ition you ar	e applying fo	or requires driv	Is	license valid	ve a car? □Y in this state? D-1 CDL-A	□Yes □No		
Drive	er's License Numb	er			State of Iss	sue	E	xp. Date		
Do y	ou have reliable tra	ansportation	n to work?	□Yes □No						
Have	e you ever been co	nvicted for	a DUI in any	state?	Н	ave you ever	had your licer	nse suspended?		
Have	e you had any acci	dents durin	g the past th	ree years?	IYes □ No	· How i	many?			
				-			-			
	, , , , , , , , , , , , , , , , , , ,	3	3	,			,			
	Branch of	Date	Date of	Highest	Service-Related Skills and Experiences					
U. S. MILITARY SERVICE	Service	Entered	Discharge	Rank Held	Applicable to Civilian Employment					
	T		T		т		T		т	
	School Attended	No. of Years	Name	of School	City	'State	Graduate?	Course of Study or Major	Average Grades	
<u>N</u>	Sr. High									
CAT	Tech							Dogradi		
EDUCATION	College Other							Degree:		
	Other									
	interested in:	Dietribu	ution Center_		Dolivory T	uck Driver		CDL Truck Drive	r	
Offic	e ce		illon Center_		Or the follo	wing specific	; job			
	seeking:				I am availa					
□ R	egular	yment			☐ Full-time ☐ Part-tim	e <u>-</u> .	nployment			
If temporary, If part-time, indicate maximum hours per week Are there any hours or days during the week when you would not be								not be		
		_			available to	work?	Yes ☐ No	<u>.</u>		
How	soon are you avai	lable for wo	ork?		<i>y = 2, 2</i>					

EMPLOYMENT HISTORY

LIST BELOW YOUR FOUR MOST RECENT EMPLOYERS, BEGINNING WITH THE CURRENT OR MOST RECENT ONE. IF YOU HAVE HAD LESS THAN FOUR EMPLOYERS, USE THE REMAINING SPACES FOR PERSONAL REFERENCES. IF YOU WERE EMPLOYED BY MORE COMPANIES THAN SPACE ALLOWS, PLEASE ATTACH ADDITIONAL EMPLOYER INFORMATION ON A SEPARATE PIECE OF PAPER. IF YOU WERE EMPLOYED UNDER A MAIDEN OR OTHER NAME, PLEASE ENTER THAT NAME IN THE RIGHT HAND MARGIN, IF APPLICABLE.

NAMES AND ADDRESSES OF EMPLOYERS, BEGINNING WITH THE CURRENT OR MOST RECENT			Starting Date	Ending Date	Name of your Supervisor	Job Description	Ending Pay	Why did you leave? Give details.
NOTE: State reason for any length date and last employer.	th of inactivity betwe	en present application						
Name			Month	Month				
Address	Tel. No.		Year	Year				
City S	State	Zip Code	i eai	rear			Per Week	
NOTE: State reason for length of	f inactivity between p	periods of active employmen	nt					
Name			Month	Month				
Address	Tel. No.		Year	Year	-			
City	State	Zip Code	roui	1001			Per Week	
NOTE: State reason for length of	f inactivity between p	periods of active employmen	nt					
Name			Month	Month				
Address	ss Tel. No.		Year	Year	1			
City	State	Zip Code	. 50.	1 001			Per Week	
NOTE: State reason for length of	f inactivity between p	periods of active employmen	nt					
Name			Month	Month				
Address Tel. No.		Year	Year					
City	State	Zip Code					Per Week	
certify that the information conta	nined in this applic	ation is correct to the be	st of my knowle	edge and under	stand that any misstatement or omission of informa	ation is grounds for disqualification from any fu	rther consideration or t	or dismissal in accordance with

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information is grounds for disqualification from any further consideration or for dismissal in accordance with Company policy. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of the Company and my employment and compensations 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 no manager or representative of the Company other than the President or Vice President of the Company has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. In some states, the law requires that the Company have an applicant's written permission before obtaining consumer reports or police records on an individual, and I hereby authorize the Company to obtain such reports. I further understand and agree to submit to a pre-employment SUBSTANCE ABUSE TEST.

NOT TO BE FILLED OUT BY APPLICANT

Hire Date: Rehire Date:			Interview Date:	N/A	Substance abuse test scheduled for:	
FULL-TIME□	PT□	TEMP□	Offer Date:	N/A	Substance abuse test results received:	
Job Title:			Approving Manager:	Date Approved:	Date of reference requests:	Date Completed:
Compensation Arrangement/Rate:					Date MVR Requested:	Date received: