

UNITED AUTO SUPPLY

Application For Employment

Please **TYPE** or **PRINT** clearly. To be considered for employment, this *Application for Employment Form* must be completed and signed personally by the applicant. Each question must be answered in full, even if a resume is provided. If an answer is NO or NOT APPLICABLE, indicate such.

We are an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, sexual orientation, genetic predisposition or carrier status, disability, marital status, pregnancy, veteran status, or any other legally protected class or status. Please notify a company representative if you require a reasonable accommodation to participate in the application and/or interviewing process.

BIOGRAPHICAL DATA	Name (First, Middle, Last)		Telephone Number ())	
	Street Address		Social Security Number	
	City		State	Zip Code
	Position Applied For		Salary or Hourly Wage Desired \$	
	Are you Available to Work <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary (check all that apply) <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Nights		Date Available to Begin Work	
	Are you 18 years of age or older?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your employer to obtain employment information?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever submitted an application and/or interviewed for employment with our company? If yes, give month and year _____ / _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been employed with our company before? If yes, give dates. From _____ / _____ / _____ to _____ / _____ / _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States? <i>Employment eligibility will be verified upon employment.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have had an opportunity to review a job description for the position for which you are applying, can you perform the essential functions of this job with or without reasonable accommodation? (check N/A if you have not reviewed a job description)			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

EDUCATIONAL BACKGROUND	Type of School Attended	Name and Location of School	# of Years Completed	Did you Graduate?	Diploma or Degree Obtained	GPA
	High School			() Yes () No		
	College			() Yes () No		
	Other			() Yes () No		

SKILLS	List any additional skills, training, and/or technical/professional knowledge that is relevant to the job for which you are applying:	List any certificates, licenses, or professional achievements that would support your qualifications for employment:
	Drivers' License Identification Number: _____ State of Issuance: _____ (Provide your driver's license ID number ONLY if it is a requirement of the position for which you are applying)	

EMPLOYMENT HISTORY Provide employment information, including military service, for the last 15 years, starting with the most recent employer first. If you've held more than three jobs, provide this information on another sheet and attach to this form.

Name of Employer		Telephone Number ()	
Address	Street	City	State Zip Code
Employment Dates (Month/Year) From ____/____/____ to ____/____/____			
Job Title of Position(s)		Name and Job Title of Supervisor	
Brief description of job duties, responsibilities and significant accomplishments			May we contact this employer ____ Yes ____ No
Reason for leaving			

Name of Employer		Telephone Number ()	
Address	Street	City	State Zip Code
Employment Dates (Month/Year) From ____/____/____ to ____/____/____			
Job Title of Position(s)		Name and Job Title of Supervisor	
Brief description of job duties, responsibilities and significant accomplishments			May we contact this employer ____ Yes ____ No
Reason for leaving			

Name of Employer		Telephone Number ()	
Address	Street	City	State Zip Code
Employment Dates (Month/Year) From ____/____/____ to ____/____/____			
Job Title of Position(s)		Name and Job Title of Supervisor	
Brief description of job duties, responsibilities and significant accomplishments			May we contact this employer ____ Yes ____ No
Reason for leaving			

REFERENCES List three references other than relatives or former supervisors

Name/Occupation	Address	Telephone #	Years Known
1.			
2.			
3.			

PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that all of the information I have provided on this *Application for Employment Form* is true and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts will disqualify me from further consideration of employment, withdrawal of any offer of employment, or termination of employment, if hired.

I authorize verification of all of the information I have provided on this *Application for Employment Form* as well as any additional information needed to consider my application for employment. I further authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release this organization and all of its employees from all liability for any damage that may result from reliance on the information furnished.

NOTE *Include the following paragraph only if pre-employment medical exams are conducted*

After a conditional offer of employment, I understand that a pre-employment medical examination must be passed to the company's satisfaction before starting work.

NOTE *Include the following paragraph only if pre-employment drug testing is conducted*

The company is committed to providing a drug and alcohol-free workplace. After receiving a conditional offer of employment, I understand that a drug test will be required before starting work. If the results of the test are positive, I understand that the offer of employment will be withdrawn.

If employed, I agree to abide by all policies, procedures, rules, and regulations of the organization. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by myself or the company at any time with or without cause or notice. I further understand that the policies, procedures, rules, and benefits contained in the employee handbook, benefit plans, and other written documents should not be considered an employment contract for any period of time.

Date _____ Signature of Applicant _____

United Auto Supply
VOLUNTARY SELF-IDENTIFICATION

This information will be treated as confidential and will not be used in decisions of hiring or promoting. This form will be kept separate from your Application for Employment.

Date _____ Name (Optional) _____

Position Applied For _____

Important - Please Read: We are an equal opportunity employer. We do not unlawfully discriminate on the basis of a person's race, religion, color, sex, age, national origin, marital status, pregnancy, application to or present membership in the uniformed services, veteran status, arrest or conviction record, disability, genetic predisposition or carrier status, sexual orientation, or any other protected class or status. This applies to all terms and conditions of employment including, but not limited to, recruiting, hiring, placement, promotion, demotion, termination, layoff, transfer, leave of absence, compensation, benefits, training, and employer-sponsored activities, including social or recreational programs.

In order for the Company to comply with government recordkeeping and reporting requirements, we are requesting that you voluntarily self-identify your gender, race or ethnicity, and veteran status on the form below. *Completion of this form is voluntary. Refusal to provide the information requested will not subject you to any adverse treatment.* However, if you choose not to "self-identify", we are required under federal regulation to maintain this information on the basis of visual observation or personal knowledge.

_____ I do not wish to furnish the following information. **OR** _____ I volunteer the following information.

Gender: _____ Female _____ Male

Race/Ethnicity:

Please indicate the ethnic or racial group to which you most closely identify: (*check only one*):

- | | |
|--|---|
| _____ White | _____ Asian |
| _____ Black or African American | _____ American Indian or Alaskan Native |
| _____ Hispanic or Latino (white race only) | _____ Native Hawaiian or Other Pacific Islander |
| _____ Hispanic or Latino (all other races) | _____ Two Races |

Vietnam-Era Veteran:

A *Veteran of the Vietnam-era* means a veteran, any part of whose active U.S. military, naval, or air service, was in the Republic of Vietnam during the period between February 28, 1961, and May 7, 1975, or between August 5, 1964, and May 7, 1975, who (1) served on active duty for a period of more than 180 days and was discharged or released therefore with other than a dishonorable discharge, or (2) was discharged or released from active duty because of a service-connected disability if any part of such active duty was performed in Vietnam between such dates.

Are you a *Veteran of the Vietnam-era*? _____ Yes _____ No Discharge Date _____

Special Disabled Veteran:

A *Special Disabled Veteran* means (1) a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability (a) rated at 30% or more, or (b) rated at 10% or 20% in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C., to have a serious employment handicap or (2) a person who was discharged or released from active duty because of a service-connected disability.

Are you a *Special Disabled Veteran*? _____ Yes _____ No Discharge Date _____

Other Eligible Veteran:

Other Eligible Veteran means a veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

Are you an *Other Eligible Veteran*? _____ Yes _____ No Discharge Date _____

Not a Veteran:

Please check here if you have **never** served in a branch of the armed services: _____

REFERENCE CHECK HOLD HARMLESS STATEMENT

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize all of my former employers, school officials, and other individuals to release to **UNITED AUTO SUPPLY, INC.** any and all information concerning my prior employment or any other pertinent information they may have. I further release and hold harmless all parties and persons from any and all liability for any damages that may result from furnishing such information.

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained on my *Application for Employment Form*, resume, or furnished elsewhere, as may be necessary in arriving at an employment decision.

I understand that misrepresentation of any material fact may be cause for rejection of my application or, if already hired, termination of my employment.

I also understand that, if employed, I am required to abide by all policies, procedures, rules, and regulations of the company.

Applicant Signature:

Date:

Applicant Name Printed:

Company Representative

Date: