



Calaveras Auto Parts

Name _____
Last First Middle

Address _____
Number Street City State Zip

Previous Address _____
Number Street City State Zip

Phone _____

If hired, can you furnish proof of age? Yes No

Licensed to drive car? Yes No

Is license valid, clean

Are you a U.S. Citizen or an Alien legally entitled to work in U.S.? Yes No

and clear in California? Yes No

EDUCATION

School Attended	No. of Years	Name of School	City/State	Graduate	Course or College Major	Average Grades
High School						
Technical School						
College					Degree:	
Other						

U.S. MILITARY SERVICE

Branch of Service	Date of Discharge	Highest Rank Held	Service-related Skills and Experience Applicable to Civilian Employment

What experience or training have you had other than your work experience, military service and education?

Job applied for: _____

I am available for: Part Time Full Time If part time, indicate maximum hours per week _____

Are there any days during the week when you would not be available to work? Yes No

If yes, explain: _____

Do you have any relevant certifications or specific training?

Yes No

If yes, explain: _____

REFERENCES

List below your four most recent employers, beginning with the current or most recent one. If you have had fewer than four employers, use the remaining spaces for personal references. If you were employed under a maiden or other name, please enter that name in the right hand margin. If applicable enter service in the armed forces on the reverse side.

NAME AND ADDRESSES OF FORMER EMPLOYERS, BEGINNING WITH THE CURRENT OR MOST RECENT	Nature of Employer's Business	Name of your Supervisor	What kind of work did you do?	Starting Date	Date of Leaving	Why did you leave? Details
NOTE: State reason for and length of inactivity between present application date and last employer						
Name				Month	Month	
Address Telephone				Year	Year	
City State Zip						
Name				Month	Month	
Address Telephone				Year	Year	
City State Zip						
Name				Month	Month	
Address Telephone				Year	Year	
City State Zip						
Name				Month	Month	
Address Telephone				Year	Year	
City State Zip						

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 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 availability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulation of the Company and 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 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.

Applicant's Signature _____ Date _____

NOT TO BE FILLED OUT BY APPLICANT

Hire Date	Rehire Date	Employee No.		Date requested	Date completed
<input type="checkbox"/> Full time <input type="checkbox"/> PTBE <input type="checkbox"/> PTPBE <input type="checkbox"/> PTNBE <input type="checkbox"/> TEMP		Physical exam scheduled for	Reference requests		
		Physical exam completed	Consumer report		
Job Title	Grade	Substance abuse test scheduled for	MVR request for driver		
Compensation	Substance abuse test results received				
Manager approving	<input type="checkbox"/> Timecard prepared <input type="checkbox"/> SS card copied <input type="checkbox"/> I-9 completed		Federal withholding (W-4)	<input type="checkbox"/> Completed	
Date approved	Minor's work permit	Proof of age	Employee handbook given	Stated withholding tax	<input type="checkbox"/> Completed