



Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legal protected status.

(PLEASE PRINT)

Position (s) Applied For				
How Did You Learn About Us?				
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In		
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____		
Last Name		First Name		Middle Name
Address	Number	Street	City	State Zip Code
Telephone Number (s)			Social Security Number	

If you are under the age of 18, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If yes, give date _____

Have you ever been employed with us before?

Yes No

If yes, give date _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work?

Date _____

Are you available to work: Full time Part time

Shift Work Temporary

Are you currently on "lay off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

Have you been convicted of a felony within the last 7 years?

Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
College				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write.			
	Fluent	Good	Fair
Speak			
Read			
Write			

Additional Information

Specialized Skills Check Skills / Equipment Operated

- Mac PC Calculator Typewriter Fax
 Lotus 1-2-3 Word Perfect Excel Other _____

List Production/Mobile Machinery

- Forklift Other _____

What type of Driver's License do you have? Operator Commercial Operator Chauffeur
 Driver's License Number _____ State Issued _____

Are there any Non-medical restriction on the license?

If Yes, please explain _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.

Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

2.

Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

3.

Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

4.

Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment of other experience

References

1. _____ () _____
Name Phone #

Address
2. _____ () _____
Name Phone #

Address
3. _____ () _____
Name Phone #

Address

Applicant's Statement

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

I understand and agree that I may be required to take a physical examination. Employment testing and/or drug screening as a condition of hiring, or continued employment. A negative drug test result is a condition of employment. I agree to consent to take such test(s) at such time as designated by the company and to release the company, its directors, officers, agents or employees from any claim arising in connection with the use of such test (s).

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that , unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by and authorized executive of Appliance Parts Depot.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

For Personnel Department Use Only

Position (s) Applied For is Open: Yes No

Position (s) Considered For: _____

Arrange Interview: Yes No

Remarks : _____

Employed Yes No Date Of Employment _____

Job Title _____ Salary/ Hourly _____ Department _____

Hired by _____ Date _____

Test Scores	Description	Start	Finish	Time	Score
Test 1					
Test 2					
Test 3					
Test 4					

References	Eligible for rehire	Term. Quit Layed off	Leaving \$	Comments	Overall
Reference 1					
Employer 1					
Employer 2					

Qualifications	1	2	3	4	5	Comments
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Prior work expr.						
Longevity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Raises / Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Related field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Compatability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Handwriting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Starting Pay\$						_____

