



An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

It is the policy of Automotive Supply Associates, Inc., Sanel Auto Parts, Inc., and their related companies and divisions to provide equal opportunity for all qualified persons. We are an equal opportunity employer dedicated to a policy of nondiscrimination in employment on the basis of characteristics protected by law, including race, color, age, sex, religion, national origin, disability, citizenship, marital status, military status or sexual orientation and all other protected characteristics.

PLEASE PRINT ALL INFORMATION

Today's Date: _____ Salary/Wage Desired: _____ Position Desired: _____

Applying For: Full Time Part Time Summer Temporary

| | | | | | |
|----------------|------|------------|----------|------------------|------------------------------|
| Last Name | | First Name | | Initial | Date Available to Begin Work |
| Street Address | City | State | Zip Code | Telephone Number | |

How were you referred to us? Walk-in Advertisement Agency Other
 Employee (Name _____)

Do you have the legal right to work in the United States?..... Yes No

Are you over 18 years of age?..... Yes No

Have you completed an Employment Application with us in the past year?..... Yes No
 If yes, where? _____

Have you ever worked for this company before? Yes No

If yes, when, where, and what position did you hold? _____

Do you have relatives who work for this company? Yes No If yes, name _____

Occasional overtime may be required, including weekends. Can you work overtime during the week?
 Yes No On weekends? Yes No

| Education | Name and Location of School | Circle Last Year | Did you Graduate? | Subjects Studied & Degree(s) Received |
|--|-----------------------------|------------------|---|---------------------------------------|
| High School | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College/University | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Trade, Business or Correspondence School | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Other Education, including Military: _____

Are you currently attending school? Yes No If yes, studying what & where? _____

U.S. Military Service: Branch _____ Dates of Service: From _____ To _____

Describe Nature of Duties and any special honors received: _____

EMPLOYMENT HISTORY — List present or most recent employer first

| Name and Address of Employer | Details of Position | Title and Description of Duties |
|------------------------------|----------------------|---------------------------------|
| | Date Began: | |
| | Date Ended: | |
| | Supervisor Name: | |
| | Salary upon leaving: | |
| | Reason for leaving: | |
| | Date Began: | |
| | Date Ended: | |
| | Supervisor Name: | |
| | Salary upon leaving: | |
| | Reason for leaving: | |
| | Date Began: | |
| | Date Ended: | |
| | Supervisor Name: | |
| | Salary upon leaving: | |
| | Reason for leaving: | |

Account for Period(s) between Jobs: _____

Have you ever been discharged or forced to resign from any prior job? Yes No

If yes, please explain: _____

May we contact your present or most recent employer for references? Yes No

List any professional, technical, social, community, or other organizations that you belong to. (You may omit clubs or organizations that would indicate religious, racial, or national characteristics):

List the machines and equipment (e.g., computer, forklift) that you can operate. Note length of experience for each: _____

Special skills/licenses: _____

Additional information that would be helpful in judging your qualifications: _____

Have you ever been convicted of or pleaded no contest to a crime which was not annulled by a court?
 Yes No

If YES, when and explain the circumstances (this does not automatically exclude you from consideration for employment): _____

REFERENCES

List below three business references

| Name | Phone Number | Position | Years Acquainted |
|------|--------------|----------|------------------|
| 1. | () | | |
| 2. | () | | |
| 3. | () | | |

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents verifying your identity and legal right to work in the United States. You cannot be employed if you cannot comply with these requirements.

AUTHORIZATION

I certify that the answers given to me to the questions are true and correct without consequential omission of any kind whatsoever. I understand and agree that a false statement, answer, or omission constitutes sufficient cause for dismissal and the company shall not be liable in any respect if my employment is terminated because of the falsification of statements, answers, or omissions made by this application. I also authorize the companies, schools, or persons named to give any information regarding my employment. I hereby release said companies, schools, or persons from all liability for any damage resulting from issuing this information. In consideration of my employment, I agree to conform to the rules and regulations of Automotive Supply Associates, Inc., Sanel Auto Parts, Inc., and their related companies or divisions and I agree that 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.

ATTENTION NEW HAMPSHIRE AND MAINE APPLICANTS: ALL EMPLOYMENT OFFERS ARE CONTINGENT ON PASSING A PRE- EMPLOYMENT DRUG SCREEN

I understand that if I receive an offer of employment, I will be required to pass the company's pre-employment drug test. I agree to have a test to detect for drugs as described in the company's Drug and Alcohol Policy. I understand that if I become employed by the company, I will be subject to the company's Drug and Alcohol Policy and I agree that, whenever required by the company pursuant to that Policy, I will take a test to detect for drugs. " I agree that the report of all such test(s) may be released to agents of the company who have a need to know. I release the company and its agents from any liability arising out of or related to any drug testing, to the extent permitted by law. I understand and agree that the results of the test will be released to any authorized Federal, State and local governmental authority which inquires about me, including Workers Compensation and Division of Employment Security, and to any other entity under compulsion of law or subpoena.

Applicant's Signature _____