

Application for Employment



**Emerald Valley Auto Parts**  
**3360 West 11<sup>th</sup>**  
**Eugene, OR 97402**  
**541 342 2626**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip

Previous Address \_\_\_\_\_  
Number Street City State Zip

Current phone or nearest phone \_\_\_\_\_ (Answer only if position for which you are applying requires driving)

If hired, can you furnish proof of age?  Yes  No Licensed to drive car?  Yes  No

Are you a U.S. Citizen or an Alien legally entitled to work in U.S.?  Yes  No Is license valid in this state?  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?

I am interested in the type of work I have checked:  
 Store \_\_\_\_\_ Distribution Center \_\_\_\_\_ Truck Driver \_\_\_\_\_ Office \_\_\_\_\_ Sales \_\_\_\_\_

Or the following specific job: \_\_\_\_\_

I am seeking:  Temporary  Regular Employment I am available for:  Part Time  Full Time  
 If temporary, indicate dates available \_\_\_\_\_ 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: \_\_\_\_\_

Have you been convicted, during the past seven years, of a crime?

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	Pay at Leaving	Why did you leave? Give Details
Name					Month	Month		
Address	Telephone				Year	Year	Per Week	
City	State	Zip						
Name					Month	Month		
Address	Telephone				Year	Year	Per Week	
City	State	Zip						
Name					Month	Month		
Address	Telephone				Year	Year	Per Week	
City	State	Zip						
Name					Month	Month		
Address	Telephone				Year	Year	Per Week	
City	State	Zip						

NOTE: State reason for and length of inactivity between present application date and last employer

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 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 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. I further understand and agree to submit to a pre-employment SUBSTANCE ABUSE TEST.

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	Physical exam scheduled for		Reference requests	
<input type="checkbox"/> PTNBE <input type="checkbox"/> TEMP	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	Federal withholding (W-4)	<input type="checkbox"/> Completed
Date approved	Minor's work permit	Proof of age	Stated withholding tax	<input type="checkbox"/> Completed