

APPLICATION FOR EMPLOYMENT

Foreign Auto Salvage

Prospective employees will receive consideration without discrimination because of race, creed, color, age, national origin, handicap, or veteran status.

PERSONAL	Last Name			First	Middle	Date
	Street Address					Home Phone () -
	City, State, Zip					Business Phone () -
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Locations _____					Social Security No.
	Position Desired					Pay Expected
	Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____					Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?					When will you be available to begin work? _____
	Relative to contact in case of emergency					Date of Birth
	Other special training or skills (languages, machine operations, etc.)					
	How did you learn of our organization?					

EDUCATION	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS	
<i>(Exclude those which may disclose your race, color, religion or national origin)</i>	

M I L I T A R Y	COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	
	Describe your duties and any special training	Period of Active Duty (Month & Year) From _____ To _____
		Rank at Discharge
		Date of Final Discharge

<input checked="" type="checkbox"/>	Provide dates you attended school: Elementary: From _____ To _____	<input checked="" type="checkbox"/> Height _____ Ft _____ In.
	High School: From _____ To _____ College: From _____ To _____	<input checked="" type="checkbox"/> Weight _____ Lbs.
	Other (give names and dates)	<input checked="" type="checkbox"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
<input checked="" type="checkbox"/>	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input checked="" type="checkbox"/> Date of Marriage _____
		<input checked="" type="checkbox"/> Are you a U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/>	What was your previous address?	<input checked="" type="checkbox"/> How long at present address: _____ Years
	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of minimum legal age	<input checked="" type="checkbox"/> How long at previous address? _____ Years
<input checked="" type="checkbox"/>	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, with what employer? _____	
<input checked="" type="checkbox"/>	Have you been convicted of a crime in the past ten years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full.	
	Have you ever received a traffic ticket? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you have a valid drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/>	State names of relatives and friends working for us other than your spouse.	
<input checked="" type="checkbox"/>	Have you received Workman's Compensation or Disability Income Payments? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe.	
<input checked="" type="checkbox"/>	Have you physical devices which prevents you from performing certain jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe	

SIGNATURE

The information provided in this Application for Employment is true, correct and complete. If employed, any misrepresentation or omission on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Signature

Date