



Application for Employment

Candidate's Name: _____ Date: _____

Address: _____

Telephone Number: _____ Email: _____

Are you either a U.S. citizen or an alien authorized to work in the U.S.? Yes No

Are you 18 years of age or older? Yes No

Are you Licensed to drive a car? Yes No

Driver's License Number: _____ State: _____ Exp Date: _____

Do you Have reliable transportation to work? Yes No

Have you ever been convicted of DUI? Yes No

Have you had any accidents in the past 3 years? Yes No How Many? _____

Have you had any moving violations in the past 3 years? Yes No. How Many? _____

Position Desired

Position: _____ Start date available: _____

Wage rate desired: \$ _____ Hourly Monthly Annually

Do you prefer: Full-time Part-time If part-time, hours per week desired: _____

Hours you are available to work: _____

Days of week you are available to work: _____

Are you able to work: Weekends Holidays Nights Overtime

Have you previously worked for NAPA Auto Parts? Yes No

Dates of employment with NAPA Auto Parts: from _____ to _____

Reason(s) for leaving: _____

Former supervisor(s) at this company: _____

How did you learn about this opening? _____

Education

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training or special skills:		

Skills – List Skills you bring to this position

Work Experience

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.		
Employer:		Address:
From	To	Position Held:
		Reason for Leaving:
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:		

Starting Compensation:		Final Compensation:	
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	

References

Identify three persons who know your work, beginning with the most recent.

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

DRIVING RECORD RELEASE

I, _____, do hereby authorize the Department of Administration, Division of Motor Vehicles, to release my driving record to: Rakoski Automotive

Signature: _____ Date: _____

DL #: _____ SSN: _____ DOB: _____

DRUG TESTING CONSENT

I have applied for employment with Rakoski Automotive (hereinafter called “the company”). As a condition for my application being considered, I understand and agree to undergo substance pre- employment screening. I understand that if my test results are positive, I shall not be considered further by “the company” for employment. I further understand and agree that should I be hired, that as an employee of “the company” that I will be subject to random testing for controlled substances. I understand that if my random tests are positive, that I will be terminated for cause.

I hereby authorize any physician, laboratory, hospital or medical professional retained by “the company” for screening purposes to conduct such screening and to provide the results to NAPA Auto Parts. Further, I release “the company” and any person affiliated with “the company” and any such institution or person conducting the screening, from liability therefore.

Applicant’s Printed Name:

Applicant’s Signature:

Date: _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application with NAPA Auto Parts (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of “the Company” or otherwise to change in any respect the “employment-at-will” relationship between “the Company” and the undersigned, and that relationship cannot be altered except by written instrument signed by the President of “the Company.” Both the undersigned and “the Company” may end the employment relationship at any time, without specified notice or reason. If employed, I understand that “the Company” may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in staff and/or benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give “the Company” permission to contact schools, previous employers (unless otherwise indicated), references, and others. I further authorize “the Company” to complete a criminal background check and obtain a copy of my driving record. I hereby release “the Company” from any liability as a result of such contacts, inquiries, or records in order to ascertain my qualifications and fitness for employment.

I also understand that (1) “the Company” has a drug and alcohol policy that provides for pre-employment testing, as well as a random testing program after employment; (2) my consent to and compliance with such policy is a condition of my employment’ and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I have also authorized, by my signature, the following attached forms in order that my application can be processed: 1) Driver Information Release and 2) Drug Testing Consent Form.

I further understand that my employment with “the Company” shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with “the Company” is terminable “at will” for any reason by either party.

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Signature of Applicant _____ Date _____

Printed Name of Applicant _____ Phone _____

Please Email to: Jobs@RakoskiAuto.com