

IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE ADVISE THE COMPANY REPRESENTATIVE.

APPLICATION FOR EMPLOYMENT

PLEASE PRINT INFORMATION REQUESTED IN INK.



Date _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER and fully subscribe to the principles of Equal Employment Opportunity. We have adopted an Affirmative Action Program to ensure that all applicants and employees are considered for hire, promotion and job status without regard to race, color religion, national origin, age, veteran status or disability

To protect the interests of all concerned, applicants for certain job assignments may be required to pass a physical examination before they begin work. Alternative placement of an applicant who does not meet the physical standards of this job for which he/she was originally considered is permitted.

NOTE: This application will be considered active for 30 days. If you have not been employed within this period and are still interested in employment, you must reapply in person.

Name _____ Social Security Number _____
Last First Middle

Address _____
Number Street City County

State and Zip Code _____ Current phone or nearest phone _____

Previous Address _____ (Answer only if position for which you are applying requires driving.)
Number Street City State Zip Code

If hired, can you furnish proof of Age? YES NO US Citizenship? YES NO Licensed to drive car? YES NO

Are you a legal alien entitled to work in the US? YES NO Driver's License Number _____ State _____

Have you ever been employed by NAPA? YES NO If so, when & where last employed _____

Position _____

	School Attended	No. of Years	Name of School	City/State	Graduate?	Course or College Major	Average Grades
EDUCATION	Sr. High						
	Tech						
	College						
	Other						

US MILITARY SERVICE	Branch of Service	Date Entered 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? (Community activities, hobbies, etc.) _____

I am interested in the type of work I have checked:

Truck Driver _____ Counter _____ Mechanical _____ Office _____ Sales _____

Or the following specific job _____

I am seeking: Temporary Employment Regular Employment
 I am available for: Part-time Employment Full-time Employment

If temporary, indicate dates available _____ If part-time, indicate maximum hours per week _____

Are there any hours or days during the week when you would not be able to work? YES NO If yes, explain: _____

Have you been convicted during the past seven years of a serious crime involving a person's life or property, of a crime involving drugs?

YES NO If yes, explain: _____

(NOTE: Conviction of a crime is not an absolute bar to employment-- all circumstances will be considered)

(SEE REVERSE SIDE)

REFERENCES

LIST BELOW YOUR FOUR MOST RECENT EMPLOYERS BEGINNING WITH THE CURRENT OR MOST RECENT ONE. IF YOU HAVE HAD LESS THAN FOUR EMPLOYERS USE THE REMAINING SPACES FOR PERSONAL REFERENCES. IF YOU APPLICABLE, WERE EMPLOYED UNDER A MAIDEN OR OTHER NAME, PLEASE ENTER THAT NAME IN THE RIGHT HAND MARGIN IF ENTER SERVICE IN THE ARMED FORCES ON THE REVERSE SIDE.

NAMES AND ADDRESSES OF FORMER EMPLOYERS, BEGINNING WITH 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.
NOTE: State reason and length of inactivity between present application date and last employer.								
Name					Month	Month	Per Week	
Address	Tel. No.				Year	Year		
City	State	Zip Code						

NOTE: State reason and length of inactivity between present application date and last employer.								
Name					Month	Month	Per Week	
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Name					Month	Month	Per Week	
Address	Tel. No.				Year	Year		
City	State	Zip Code						

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 further consideration or for dismissal in accordance with Company policy. I authorize the references 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 regulations 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. In some states, the law requires that the Company have my written permission before obtaining consumer reports or police records on me, and I hereby authorize the Company to obtain such reports.

Applicant's signature _____

Date _____

NOT TO BE FILLED OUT BY APPLICANT

Hire Date	Rehire Date	Employee No.	Date Requested	Date Completed
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/>		Physical examination scheduled for.	Reference Requests	
Dept. or Div.		Physical examination completed	Consumer Report	
Job Title	Job Grade	Substance abuse scheduled for	MVR Requested	
Job Code	Position Code	Substance abuse test results received	Federal Withholding Tax (W-4)	Completed <input type="checkbox"/>
Comp/Rate/Plan	Hr <input type="checkbox"/> Wk <input type="checkbox"/>	Timecard prepared	State Withholding Tax	Completed <input type="checkbox"/>
Manager Approving		Social Security Card Copied		
Date Approved		19 Prepared		
		Minors Work Permit		
		Proof of Age		
		Location Name and Code		