

Monroe Auto Parts Inc
NAPA Auto Parts

Employment Application
Equal Opportunity Employer

Name _____ Date _____
First Middle Last

Address _____ City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone _____ Referred by _____

Position Desired _____ When can you start? _____ Temporary Part Time Full Time

Salary desired _____ Are you currently employed? Yes No Can we contact them? Yes No

	Yes	No	
Have you ever applied to Monroe Auto Parts before?	<input type="checkbox"/>	<input type="checkbox"/>	When? _____
Have you ever worked for an Auto Parts store?	<input type="checkbox"/>	<input type="checkbox"/>	Where? _____
Are you Over 18 Years Old?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you legally eligible for employment in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you available to work Saturdays?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there days or times of the week you cannot work?	<input type="checkbox"/>	<input type="checkbox"/>	When? _____
Are you able to lift 50 lbs?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a valid state issued drivers License?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you currently have any criminal charges pending against you?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever pled "guilty," "No Contest" or been Convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, give dates and details:	_____		

Note: Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Education:

High School: _____ Years Attended: _____ Did you Graduate? _____

College: _____ Years Attended: _____ Did you Graduate? _____

Other: _____ Years Attended: _____ Did you Graduate? _____

Military Service: _____ Rank _____

Other Special Study or Research Work or Special Skills: _____

Former Employers (List below the past four employers, starting with the last one)

Company: _____ Employed from: _____ To: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____ Job Title: _____

Supervisor: _____ Starting Salary: _____ Final Salary: _____

Reason for Leaving _____

Company: _____ Employed from: _____ to: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____ Job Title: _____

Supervisor: _____ Starting Salary: _____ Final Salary: _____

Reason for Leaving _____

Company: _____ Employed from: _____ To: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____ Job Title: _____

Supervisor: _____ Starting Salary: _____ Final Salary: _____

Reason for Leaving _____

Company: _____ Employed from: _____ To: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____ Job Title: _____

Supervisor: _____ Starting Salary: _____ Final Salary: _____

Reason for Leaving _____

Reference:

Name: _____ Address: _____

Phone: _____ Years Known: _____ Relationship: _____

Name: _____ Address: _____

Phone: _____ Years Known: _____ Relationship: _____

Name: _____ Address: _____

Phone: _____ Years Known: _____ Relationship: _____

Authorization:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all the statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from the utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for the employment for any specific period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company official.

This waiver does not permit the release of use of disability-related or medical information in a manor prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.

Signature: _____ **Date:** _____