

Bay Auto Parts Inc
1750 Velp Avenue #1
Green Bay, WI 54303

Sharp Auto Parts LLC
2910 Quant Ave. N.
Stillwater, MN 55082

Employment Application v.2017-05-19

1) Sales 2) Office

Follow instructions: Filling out an application does not guarantee that you will receive an interview. Applications must be complete. If you leave any blanks in your application it may be discarded. A resume may be attached to the application but may not substitute for an application. You must fill out an application even if you provide a resume. Fill out the application completely even if the information is also provided on your resume.

First Name: _____ Today's Date: _

Last Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone # : _____ 2nd phone number: _____

Do you have a valid driver's license? Yes / No Are you at least 18 years old? Yes / No

When could you start if we hired you?: _____

Education and Training:

High School: _____ Graduated Yes / No

College or trade school: _____ Graduated Yes / No

Military _____ Service: _____

Other training: _____

Please list some references: By listing references here you grant permission to us to contact them. Name: .

_____ Phone #: _____

Relationship to you: (boss, co-worker, teacher, etc.)__

Address, City, State, Zip: _____

Occupation: _____ Years this person has known you: _____

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Name: _____ Phone #: _____

Address, City, State, Zip: _____

Relationship to you: (boss, co-worker, teacher, etc.)__

Occupation: _____ Years this person has known you: _____

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Name: _____ Phone #: _____

Relationship to you: (boss, co-worker, teacher, etc.)__

Address, City, State, Zip: _____

Occupation: _____ Years this person has known you: _____

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We require a record of your last five years of employment. Please fill in each section below for all jobs you have had in the last 5 years. There are 4 sections. If you have had more than 4 jobs in the last 5 years, please make additional copies of these pages. If there are any gaps where you were unemployed for an extended period please explain. If you were a student please indicate that.

Experience: Current or most recent job fill out completely

Name of employer: _____ Type of Business: _____
Address: _____ Phone #: _____
City: _____ State: _____ Zip: _____
Your Job title when you worked here: _____ Full Time or Part Time: _____
May we contact this employer?: _____ Name & title of supervisor: _____
Dates of employment at this job: From (month/year) _____ to (month/year) _____
Starting Pay Rate: _____ Final Pay Rate: _____ Number of hours worked per week: _____
Description of duties: _____
Exact reason for leaving: _____

Experience: Next most recent job fill out completely

Name of employer: _____ Type of Business: _____
Address: _____ Phone #: _____
City: _____ State: _____ Zip: _____
Your Job title when you worked here: _____ Full Time or Part Time: _____
May we contact this employer?: _____ Name & title of supervisor: _____
Dates of employment at this job: From (month/year) _____ to (month/year) _____
Starting Pay Rate: _____ Final Pay Rate: _____ Number of hours worked per week: _____
Description of duties: _____
Exact reason for leaving: _____

Experience: Next most recent job fill out completely

Name of employer: _____ Type of Business: _____
Address: _____ Phone #: _____
City: _____ State: _____ Zip: _____
Your Job title when you worked here: _____ Full Time or Part Time: _____
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Dates of employment at this job: From (month/year) _____ to (month/year) _____
Starting Pay Rate: _____ Final Pay Rate: _____ Number of hours worked per week: _____
Description of duties: _____
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Experience: Next most recent job fill out completely

Name of employer: _____ Type of Business: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

Your Job title when you worked here: _____ Full Time or Part Time: _____

May we contact this employer?: _____ Name & title of supervisor: _____

Dates of employment at this job: From (month/year) _____ to (month/year) _____

Starting Pay Rate: _____ Final Pay Rate: _____ Number of hours worked per week: _____

Description of duties: _____

Exact reason for leaving: _____

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How did you hear of this job opening?: _____

Do you have adequate transportation to and from work? Yes / No

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Please read carefully before signing:

If you have any questions regarding the following statements, please ask for assistance.

I certify that, to the best of my knowledge and belief, the answers given by me to the preceding questions and statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge.

I authorize you to communicate with all of my former employers, school officials, and persons named as references. I hereby release all employers, school officials, and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that as this organization deems necessary, I may be required to work overtime hours outside a normally defined work day or work week.

If employed, I understand and agree that such employment may be terminated at any time and without any liability to me for any continuation of salary, wages, or employment related benefits. I understand that this application is for an employment-at-will position and that either party may terminate the employment at any time without notice. There is no contract for employment.

Signature: _____ Date: _____

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Did you complete this application yourself? Yes / No. If not, who helped you? _____

Ability to follow instructions: Did you fill out the application completely?