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.2024-02-08

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	s old? Yes / No				
When could you start if we hired you?:	:						
++++++++++++++++++++++++++++++++++++++	· +++++	+++++++++++++++++	+++++++++++++++++				
High School:			Graduated Yes / No				
College or trade school:			Graduated Yes / No				
Military			Service:				
Other training:							
+++++++++++++++++++++++++++++++++++++++	++++++++++	++++++++++++++++++	+++++++++++++++++				
Please list some references: By listi	ing references he	ere you grant permission to υ	is to contact them. Name:				
	P	hone #:					
Relationship to you: (boss, co-worker,	teacher, etc.)_						
Address, City, State, Zip:							
Occupation:	Ye	ears this person has known y	ou:				
Name:							
Address, City, State, Zip:							
Relationship to you: (boss, co-worker,							
Occupation:	ŕ	ears this person has known y	ou:				
		·					
Name:							
Relationship to you: (boss, co-worker,	teacher, etc.)_						
Address, City, State, Zip:							
Occupation:							
		•	_				

We require a record of your last five years of employment. Please fill in each section below for all jobs Attendance and tardiness: How many different jobs have you had in the last 5 years?: _____ How often have you been late for a job in the last 2 years?: How many days have you been absent from a job in the last 2 years not including paid time off and holidays? How would you describe your attendance and tardiness history?: Outstanding – Never late of absent at all for many years Excellent – Late or absent less than 3 times per year Good – Late less than 6 times per year and absent less than 3 times per year Average – Late less than 8 times per year and absent less than 4 times per year Less than average. Reason: 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) _____ 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 #: _____ _____ 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) _____ 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 superviso	r:
Dates of employment at this job: Fro	m (month/year)		to (month/year)
Number of hours worked per week:			
Description of duties:			
Exact reason for leaving:			
+++++++++++++++++++++++++++++++++++++++	++++++++	+++++++	+++++++++++++++++++++++++++++++++++++++
Experience: Next most recent job	fill out con	<u>npletely</u>	
Name of employer:			Type of Business:
Address:			Phone #:
City:	State:	Zip:	
			Full Time or Part Time:
May we contact this employer?:	Name & title	of superviso	r:
Dates of employment at this job: Fro	m (month/year)		to (month/year)
Number of hours worked per week:			
Description of duties:			
+++++++++++++++++++++++++++++++++++++++	+++++++++	+++++++	+++++++++++++++++++++++++++++++++++++++
How did you hear of this job opening	g?:		
Additional questions:			
++++++	++++++++	++++++	+++++++++++++++++++++++++++++++++++++++
Do you have adequate transportatio	n to and from v	vork? 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.

The dismantler, yard, warehouse, and driver positions are physically strenuous jobs. They require regular heavy lifting. There will be lots of bending, pushing, pulling, prying, and carrying. These physical activities will go on day after day.

Are you able to perform the essential functions of the job you are	plying for? Yes / No
If no, what accommodations would assist you?	
If employed, I understand and agree that such employment may be terminany liability to me for any continuation of salary, wages, or employment rethat this application is for an employment-at-will position and that either pemployment at any time without notice. There is no contract for employment	ted benefits. I understand ty may terminate the
Signature:	ate:
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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?