

# Professional Parts Group, LLC

## Employment Application Form

(Please print and complete all sections)

### Applicant Information

Name (Last, First) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Best way to contact you:  Home Phone  Cell  Email  US mail

Are you eligible to work in the United States?  Yes  No

### Employment Positions

Position(s) applying for: \_\_\_\_\_

Reference Number (if applicable): \_\_\_\_\_

How did you hear about this position?

Job Board. Please specify: (Monster.com, etc) \_\_\_\_\_

Newspaper, trade magazine. Please specify: \_\_\_\_\_

Other. Please specify: \_\_\_\_\_

### Days/Hours Available

Monday: Hours Available: from \_\_\_\_\_ to \_\_\_\_\_

Tuesday: Hours Available: from \_\_\_\_\_ to \_\_\_\_\_

Wednesday: Hours Available: from \_\_\_\_\_ to \_\_\_\_\_

Thursday: Hours Available: from \_\_\_\_\_ to \_\_\_\_\_

Friday: Hours Available: from \_\_\_\_\_ to \_\_\_\_\_

Can you work on the weekends?  Yes  No

Saturday: (if applicable) Hours Available: from \_\_\_\_\_ to \_\_\_\_\_

Sunday: (if applicable) Hours Available: from \_\_\_\_\_ to \_\_\_\_\_

Are you available for travel?

10% of the time

25% of the time

50% of the time

Other: (specify) \_\_\_\_\_

Not available for travel

Can you work evenings?

Yes  No

Are you available to work overtime?

Yes  No

If hired, would you have transportation to/from work?

Yes  No

If hired, on what date can you start working? \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)

Salary desired: \$ \_\_\_\_\_ (per annum)

### Personal Information:

Have you ever applied to or worked for this Company or its related companies?  Yes  No

If yes, please explain (include date[s]): \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for this Company or its related

companies?  Yes  No If yes, state name & relationship: \_\_\_\_\_

### Education, Training and Experience

For each level of schooling, please give the school name, the city and state, your major and minor subjects, the degree, and the year it was received.

**High School:** \_\_\_\_\_

**College or University:** \_\_\_\_\_

**Graduate School:** \_\_\_\_\_

**Military Services:** \_\_\_\_\_

### Employment History

Are you currently employed?  Yes  No

If you are currently employed, may we contact your current employer?  Yes  No

Please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. If you have a resume, please attach one to this Application.

**Even if you have attached a résumé, this section must be completed.**

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type/Industry: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_

Position & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references?  Yes  No

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type/Industry: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_

Position & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references?  Yes  No

### **We Are an Equal Opportunity Employer**

Our Company is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the Company.

### **References**

Please list three persons who have knowledge of your work current/recent work performance.

Name: (First, Last): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_

Name: (First, Last): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_

Name: (First, Last): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_

**Certification**

I certify that I have not knowingly withheld any information that might affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure this employment can be grounds for rejection of my application or, if I am employed by this company, can be terms for my immediate termination from the company. \_\_\_\_\_ (*Initial*)

I understand that if I am hired, I will be an employee “at-will” and thus my employment can be terminated at any time either with or without prior notice, and by either me or the company. \_\_\_\_\_ (*Initial*)

I permit the company to check and verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons and entities, from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation. \_\_\_\_\_ (*Initial*)

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

---

**FOR COMPANY USE ONLY:**

**Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Interviewer:** \_\_\_\_\_ **Date:** \_\_\_\_\_