

ACE AUTO PARTS

Employment Application

DATE: _____

APPLICANT INFORMATION

Last Name		First		M.I.	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		Cell Phone			
Date Available	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Desired Salary		
Position Applied for					
Do you have special training or skills for this position? If so, what (languages, machine operation ,etc).					
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

EDUCATION

High School		Location			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Location			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Location			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			

PREVIOUS EMPLOYMENT (PLEASE LIST YOUR MOST RECENT EMPLOYER FIRST)

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

MILITARY SERVICE

Branch	From	To
Rank at Discharge		

DISCLAIMER AND SIGNATURE

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at either my or my company's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice at any time by the company. I understand that no company representative, other than its President, and only in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the above.

Signature	Date
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Applicant Name: _____ Telephone: _____

POSITION APPLYING FOR:

_____ Picker/Inventory: retrieves parts from stock (inside and out), verifies inventory (inside and out)

_____ Puller: pulls parts from cars in yard

_____ Counter Sales: front counter and telephone sales

_____ Dismantler: dismantles cars in shop, parts put on shelves

Value of tools: _____ under \$500 _____ \$1000 or more _____ \$1500 or more _____ \$2500 or more _____ \$5000 or more

Brand: _____ Craftsman _____ Matco _____ Snap-On _____ Other _____

SKILLS	Check one:					Length of Time	Where Experience Obtained
	No Experience	Beginner	Intermediate	Advanced	Expert		
Front End Loader:							
Skid Steer Loader:							
Forklift:							
Cutting/Torch:							
Shipping/Receiving:							
Auto Mechanic:							
Auto Dismantler:							
Inventory:							
Customer Service:							
Computer Skills:							

How far do you live from work: _____ 1 mile or less _____ 5 miles or less _____ 10 miles or less _____ over 10 miles

Do you have a valid driver's license: _____ Yes _____ No

Method of transportation to work: _____ Car _____ Bus _____ Ride

Do you own steel toed boots: _____ Yes _____ No

Do you own winter outerwear and warm boots: _____ Yes _____ No

CHECK WHICH OF THE FOLLOWING TOOLS YOU OWN:

SOCKETS:

- _____ 5.5 – 27 mm
- _____ 1/4" – 1-1/8"
- _____ 30mm
- _____ 32mm
- _____ 36mm
- _____ 3/8" Allen Socket

IMPACT SOCKETS:

- _____ 10 – 27mm
- _____ 7/16" – 1-1/8"

RACHETS:

- _____ 1/4"
- _____ 3/8"
- _____ 1/2"

EXTENSIONS:

- _____ 1/4"
- _____ 3/8"
- _____ 1/2"

AIR TOOLS AND IMPACT GUNS:

- _____ 3/8"
- _____ 1/2"
- _____ Air Buffer

TORX BITS:

List sizes:

ALLEN WRENCHES:

- _____ American
- _____ Metric

WRENCHES:

- _____ 10 – 19mm
- _____ 1/4" – 1"

TUBING WRENCHES:

- _____ American
- _____ Metric

HAMMERS:

- _____ Ball Peen
- _____ 2-1/2 lb

MISCELLANEOUS:

- _____ Chisel and Punches
- _____ Pliers
- _____ Vice Grips
- _____ Snips
- _____ Side Cutters
- _____ Pry Bars
- _____ Hacksaws
- _____ Water Pump Pliers
- _____ Pipe Wrenches
- _____ Tape Measure
- _____ Screw Driver Phillips
- _____ Screw Driver Flat Head

SAFETY:

- _____ Steel Toed Boots
- _____ Safety Glasses
- _____ Ear Plugs

LIST OTHER TOOLS OR SAFETY EQUIPMENT YOU OWN THAT YOU THINK WOULD BE BENEFICIAL TO THIS JOB:
