

AUTOMATIC APPLIANCE PARTS, INC.

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

| | | |
|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Position(s) Applied For | | Date of Application |
| How Did You Learn About Us? | | |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend | <input type="checkbox"/> Walk-In |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Other _____ |

| | | |
|---------------------|------------------------|---------------------|
| Last Name | First Name | Middle Name |
| <u>Address</u> | Street Number | City State zip code |
| Telephone Number(s) | Social Security Number | |

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If yes, give date _____

Have you ever been employed with us before? Yes No
If yes, give date _____

Are you currently employed? Yes No

May we contact you present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No

Proof of citizenship or immigration status will be required upon employment

On what date would you be available for work? _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

AUTOMATIC APPLIANCE PARTS, INC

Are you available to work:

Full Time Part Time Shift Work Temporary Over Time

Are you currently on "lay-off" status and subject

to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the Yes No
 last seven (7) years? Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

Do any of your friends or relatives work here? Yes No

If Yes, please identify _____

EDUCATION

| | Elementary School | High School | Undergraduate College/ University | Graduate Professional |
|--------------------------|--------------------|-------------------|-----------------------------------|-----------------------|
| School Name and Location | | | | |
| Years Completed | 4 5 6 7 8 | 9 10 11 12 | 1 2 3 4 | 1 2 3 4 |
| Diploma/ Degree | | | | |
| Describe Course of Study | | | | |

| | |
|---|--|
| Describe any specialized training, apprenticeship, skills and extra-curricular activities | |
| Describe any Honors you Received | |
| State any additional information | |

AUTOMATIC APPLIANCE PARTS, INC

Indicate any foreign languages you can speak,
read and/or write

| | FLUENT | GOOD | FAIR |
|-------|--------|------|------|
| SPEAK | | | |
| READ | | | |
| WRITE | | | |

List professional, trade, business or civil activities and offices held.
You may exclude memberships which would reveal sex, race, religion,
national origin, age, ancestry or handicap or other protected status:

| |
|--|
| |
| |
| |

REFERENCES

Give name, address and telephone number of three references that are
not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

AUTOMATIC APPLIANCE PARTS, INC

1.

| | | | | |
|---------------------|------------|----------------|----|----------------|
| Employer | | Dates Employed | | Work Performed |
| | | FROM | TO | |
| Address | | | | |
| Telephone Number(s) | | | | |
| Job Title | Supervisor | Starting: | | |
| Reason For Leaving | | Final: | | |

2.

| | | | | |
|---------------------|------------|----------------|----|----------------|
| Employer | | Dates Employed | | Work Performed |
| | | FROM | TO | |
| Address | | | | |
| Telephone Number(s) | | | | |
| Job Title | Supervisor | Starting: | | |
| Reason For Leaving | | Final: | | |

3.

| | | | | |
|---------------------|------------|----------------|----|----------------|
| Employer | | Dates Employed | | Work Performed |
| | | FROM | TO | |
| Address | | | | |
| Telephone Number(s) | | | | |
| Job Title | Supervisor | Starting: | | |
| Reason For Leaving | | Final: | | |

If you need additional space, please continue on a separate sheet of paper.

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SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date