

# Application for Employment at Metric Auto Parts

**PERSONAL INFORMATION:** DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_  
last first middle

Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
street city state zip code

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Position desired: \_\_\_\_\_ Salary expected: \_\_\_\_\_

How were you referred to Metric? \_\_\_\_\_ Date that you can start work: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No Birth date (Optional): \_\_\_\_\_

Have you ever been convicted of a felony other than a traffic offense? \_\_\_\_\_

If yes, describe date, place and nature of offense:

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

Driver's License #: \_\_\_\_\_ (All driving records are checked with Motor Vehicle Services)

Driving violations in past 3 years: \_\_\_\_\_

Has your driver's license ever been revoked? If yes, please state reason: \_\_\_\_\_

List any physical limitations or weight lifting restrictions:

\_\_\_\_\_

## EDUCATION:

TYPE	NAME OF SCHOOL	CITY, STATE	DID YOU GRADUATE?
High School			
Vocation			
College			
Other			

## REFERENCES:

NAME	ADDRESS	PHONE	RELATIONSHIP

Please complete reverse side

**EMPLOYMENT HISTORY:**

Employer	Job Title & Responsibilities	Period	Reason for Leaving
Company		From Mo/Yr	
Address & Phone		To Mo/Yr	
Supervisor		Final Salary	
Company		From Mo/Yr	
Address & Phone		To Mo/Yr	
Supervisor		Final Salary	
Company		From Mo/Yr	
Address & Phone		To Mo/Yr	
Supervisor		Final Salary	
Company		From Mo/Yr	
Address & Phone		To Mo/Yr	
Supervisor		Final Salary	

May we contact your present employer? \_\_\_ Yes \_\_\_ No Name & Phone \_\_\_\_\_

List any job related skills or training that you feel would enhance your job performance: \_\_\_\_\_

**APPLICANT'S STATEMENT:**

I certify that the answers given herein are true and complete.

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

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 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