

Car Parts Warehouse Employment Application

Date: _____
Store #: _____

- * Car Parts Warehouse is an Equal Opportunity Employer Date:
- * Car Parts Warehouse is Level One with BWC and can Drug Test new hires.
- * Attendance is an ESSENTIAL function of employment at Car Parts Warehouse. Store #
- * Any falsification on the employment application can result in termination.
- * Employee must maintain a professional appearance and meet company dress code.
- * Work schedule may include weekends.

Please complete in full--even if resume is attached

Legal Name: Last _____ First _____ MI: _____
Street Address _____ Soc. Security #: _____
City, State, Zip _____ Telephone #: _____
Cell Phone #: _____

- * Have you been previously employed by Car Parts Warehouse?
Yes ___ No ___ If yes, at which store _____ in what year _____
- * If hired, can you furnish proof that you are legally permitted to work in the USA? Yes ___ No ___
- * Have you ever been convicted of a crime other than a minor traffic violation? Yes ___ No ___
If "Yes", when and where? City/ State/Year _____
- * Have you ever initiated an act of violence in the work place? Yes ___ No ___
If "Yes", please explain, use additional paper if necessary _____

- * Do you have relatives employed by Car Parts Warehouse? Yes ___ No ___
- * Position Applying: How did you learn of the position _____ Pay Expected: _____ Geographic Preference? _____
- * Date you can begin work? _____ seeking: Full time ___ Part Time ___
- * Hours Available to work:
Mon: _____ Tues: _____ Wed: _____ Thur: _____ Fri: _____ Sat: _____ Sun: _____
- * Please list any skills or special training you have--(ex., automotive, computer etc.) _____

- * List any languages, other than English, that you can speak/write fluently _____

EDUCATION:

Name/Location	Area of Study	# of Years Degree
High School: _____		
College/Trade: _____		
Other: _____		

REFERENCES: Provide three references other than relatives

- 1) Name: _____ Relationship: _____
Phone: _____ Organization: _____
- 2) Name: _____ Relationship: _____
Phone: _____ Organization: _____
- 3) Name: _____ Relationship: _____
Phone: _____ Organization: _____

EMPLOYMENT HISTORY

Indicate your last three employers; begin with your MOST RECENT employer. Military personnel should list permanent changes (PCS) separately in the blocks below.

May we contact your present employer? Yes ___ No ___

Have you ever been terminated or asked to resign from a position? Yes ___ No ___

1) Company Name: _____ Telephone: _____
Address: _____ City, State, And Zip: _____
Dates Employed from (Mth/Year): from _____ to _____ Pay Rate: _____
Start: _____ End: _____ Job Title: _____
Supervisor's Name: _____ Are you eligible for rehire? Yes ___ No ___
Responsibilities: _____
Reason for leaving: _____

2) Company Name: _____ Telephone: _____
Address: _____ City, State, And Zip: _____
Dates Employed from (Mth/Year): from _____ to _____ Pay Rate: _____
Start: _____ End: _____ Job Title: _____
Supervisor's Name: _____ Are you eligible for rehire? Yes ___ No ___
Responsibilities: _____
Reason for leaving: _____

3) Company Name: _____ Telephone: _____
Address: _____ City, State, And Zip: _____
Dates Employed from (Mth/Year): from _____ to _____ Pay Rate: _____
Start: _____ End: _____ Job Title: _____
Supervisor's Name: _____ Are you eligible for rehire? Yes ___ No ___
Responsibilities: _____
Reason for leaving: _____

DRIVING RECORDS --ALL APPLICANTS MUST COMPLETE THIS SECTION.

Do you have a valid driver's license? Yes ___ No ___ if yes, is it valid for commercial delivery in Ohio? _____
License #: Class: _____ State; _____ has it ever been suspended? Yes ___ No ___

List all moving violations in the last three years: List all accidents in the last three years:

Date Type of Violation Convicted (Y/N) Date Type of Violation Convicted (Y/N)

SUMMARY----Must be signed at the bottom

Car Parts Warehouse makes every reasonable effort to accommodate individual preferences when possible, however business needs and customer demands at times make the following conditions mandatory; overtime, shifts work a rotating schedule other than Monday through Friday. I understand these conditions and, if employed, I agree to accept them as conditions of my continuing employment.

I hereby agree and understand that as a condition of employment or continued employment, I may be required by the company to submit to a physical examination, drug testing, or other tests, a search or examination of myself or personal property while on the company's premises or while conducting business elsewhere, if such is not prohibited by application law.

If employed, I agree to abide by the directives, rules and regulations of CPW both present and future. I understand that the employment is for no definite period of time and may be terminated by CPW with or without cause or notice at any time. I further understand that no representative of the company has the authority to enter into any employment agreement contrary to the following.

I certify that my application for employment is true and complete, and I understand that, if employed, false or omitted statements on this application or any other company documents will subject me to dismissal. I understand that an investigative consumer report involving information concerning my character, employment history, general reputation, police record, and personal habits, may be obtained prior to any offer of employment. Upon timely written request to CPW's Human Resources Dept., the name and address of the reporting agency will be disclosed to me. It is understood that completion of this application does not mean a job opening exists and in no way obligates CPW to employ me. I further authorize contracted persons and former employees to provide information concerning this application, my background and suitability for employment and I release such persons and former employers from liability for providing such information.

Signature of applicant: _____ Date: _____

STRASSMAN

Insurance Services

REQUEST FOR CHECK OF DRIVING RECORD

To: Strassman Insurance Services
26351 Curtiss-Wright Parkway
Richmond Heights, Ohio

Ph: 216-289-1500
Fx: 216-289-1501

APPLICANT

The Following named person has made application with our company for the position of : Driver/Counter
As in accordance with Section 391.23, Federal Department of Transport Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

Name of Applicant: _____

Address: _____ City: _____ State: _____

Former Address: _____ City: _____ State: _____

Date of Birth: _____

Social Security #: _____ License # _____

for purposes of investigation as required by Section 391.2 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicant Signature: _____ Date: _____

EMPLOYER:

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508. I hereby certify that the information requested will be used for a "permissible purpose" as defined in the Act, and that the information will be used for no other purpose.

2. I further certify that if the applicant named above is denied employment based upon the information received, I will identify the source of the report in accordance with Section 616 (a) of the Fair Credit Reporting Act.

Requested By: _____

Car Parts Warehouse
5200 West 130th Street
Brook Park, Ohio 44142

Typed Name: _____

Title: _____

Signature: _____

Strassman Insurance Services
26351 Curtiss-Wright Parkway, Richmond Heights, Ohio 44143 Ph: 216-289-1500 Fx: 216-289-1501
www.strassman.net