

APPLICATION FOR EMPLOYMENT

Please Print

Date: _____.

Name: _____ Social Security No.: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Home Phone #: () _____ Work Phone#: () _____

EMPLOYMENT DESIRED

Indicate the position for which you are applying: _____.

Do you wish to work: Full Time: Part Time: Temporarily? If part time, specify hours or days:

What is your minimum weekly salary requirement? _____.

Date available for work? _____.

Do you have any commitments to another employer that might affect your employment with us?

School	Print Name, Number & Street, City, State, and Zip	No. of years completed	Type of Degree or Major
High School			
College			
Graduate School			
Trade, Bus. Or Night			
Other			



MILITARY EXPERIENCE

Were you in the U.S. Armed Forces? Yes No If Yes, what branch? _____.

EMPLOYMENT HISTORY

List present employer or most recent employer first.

May we contact these employers? Yes No

Employer:	Employed From: Mo/Yr To: Mo/Yr	Supervisor's Name:	
Address:		Your Job Title:	
Telephone:			
Duties:	Your Salary		
		Start	End
Reason for Leaving:			

Employer:	Employed From: Mo/Yr To: Mo/Yr	Supervisor's Name:	
Address:		Your Job Title:	
Telephone:			
Duties:	Your Salary		
		Start	End
Reason for Leaving:			

Employer:	Employed From: Mo/Yr To: Mo/Yr	Supervisor's Name:	
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Employer:	Employed From: Mo/Yr To: Mo/Yr	Supervisor's Name:	
Address:		Your Job Title:	
Telephone:			
Duties:	Your Salary		
		Start	End
Reason for Leaving:			



GENERAL INFORMATION

Are you legally authorized to work in the United States? Yes No

Are you below the age of 18? Yes No

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No If yes, explain:

Have you ever been convicted of a criminal offense? Date: _____ Place: _____
Nature: _____ (An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)

Have you previously applied for employment here? Yes No If Yes, When? _____

Have you previously been employed by this company or its subsidiaries? Yes No If Yes, When? _____

REFERENCES

Name & Address	Occupation	Phone

Person to be notified in case of emergency:

Name:

Telephone: _____

Address: _____

Please include any other information you think would be helpful to us in considering you for employment, such as work experience, articles/books published, activites, accomplishments, etc...



AGREEMENT

(Please read the following statement carefully)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date:

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the company or myself. I understand that no management official other than the president of the company has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

I authorize persons, schools, my current employer (if applicable). And previous employers and organizations named in this application (and any accompanying resume, if any) to provide any relevant information that may be required to arrive at any employment decision.

Signature

Date



IMPORTANT NOTICE

Any offer received as a result of your submission of an application to Hydraulic Parts Store, Inc. is conditioned upon satisfactory completion of any examination required by Hydraulic Parts Store, Inc. If you are a successful applicant, you will be notified of any physical examination requirements after an offer of employment is made.

Hydraulic Parts Store has made a commitment to maintain a work environment free from alcohol and drug abuse. A substance screening test may be required as a part of any post-offer physical examination requirement, or may be required by itself. Failure to pass the substance screen test, or refusal to submit to it, will result in automatic revocation of any offer of employment.

The following consent form must be signed for furtherprocessing of your application, and will remain a part of your permanent materials.

APPLCANT CONSENT

I understand and agree that I may be required to take and pass a physical examination and/or substance screen test as a condition of my employment with Hydraulic Parts Store, Inc.

I understand that if I decline to sign this consent to take the test or tests, the examination will not be compleed. Hydraulic Parts Store, Inc. will be notified and my application for employment will be rejected or my employment will be terminated. I understand that the test results and other medical information will be released only to authorized Company personnel or testing facility personnel for appropriate consideration.

I hereby voluntarily consent to allow Hydraulic Parts Store, Inc, or its agents, to collect urine specimens from me for testing for alcohol, drugs, and controlled substance. Further, I give my consent for the release of the test results to the appropriate members of the company’s management, or their appropriate agents. I understand that any positive results will preclude my employment.

Date:_____.

Applicant’s Signature

Applicant’s Printed Name

