

**SALVO AUTO PARTS**  
AN EQUAL OPPORTUNITY EMPLOYER

**APPLICATION  
FOR EMPLOYMENT**

Salvo Auto Parts is an equal opportunity employer and, in conformity with applicable laws, does not discriminate on the basis of race, color, creed, religion, sex, age, marital status, national origin, or disability.

INTERVIEWER'S SUMMARY

BEST QUALIFIED JOB CODE NUMBER.

PERSONAL

PRINT NAME	Last	First	Middle	(Maiden)	SOC. SEC. NUMBER		
TEMPORARY ADDRESS							
PERMANENT ADDRESS				No. & Street	City	State	Zip Code
				TELEPHONE			
NAME				TELEPHONE			
ADDRESS							
DO YOU HAVE A VALID DRIVER'S LICENSE?		HOW MANY HOURS ARE YOU AVAILABLE TO WORK PER WEEK?			ARE YOU AVAILABLE ON SATURDAYS, SUNDAYS, AND EVENINGS?		
DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK?			IF YOU ARE UNDER AGE 18, CAN YOU PROVIDE REQUIRED PROOF OF ELIGIBILITY TO WORK?				
DO YOU HAVE ANY OBLIGATIONS (WORK, SCHOOL, ETC.) WHICH WOULD INTERFERE WITH YOUR WORK? DESCRIBE.							
ARE YOU CURRENTLY EMPLOYED?		ARE YOU ABLE TO WORK AT OTHER LOCATIONS IF NEEDED?			BEST TIME TO CONTACT YOU AT HOME IS:		
					___:___ am ___:___ pm		
HOW DID YOU HEAR ABOUT SALVO AUTO PARTS? (CIRCLE ONE)							
1) NEWSPAPER 2) EMPLOYMENT AGENCY 3) WALK-IN 4) INTERNET 5) REFERRAL (IF REFERRAL, BY WHOM?) _____ 6) OTHER _____							
HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC OFFENSE, OR RECEIVED A VERDICT OF ANYTHING OTHER THAN NOT GUILTY IN ANY CRIMINAL INVESTIGATION OR PROCEEDING. (DO NOT LIST ANY CHARGES WHICH HAVE BEEN EXPUNGED. A CRIMINAL OFFENSE WILL NOT NECESSARILY BAR EMPLOYMENT) <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF YES, EXPLAIN:							
HAVE YOU EVER BEEN WARNED ABOUT OR DISCHARGED FOR ANY FORM OF HARASSMENT, FIGHTING, OR RELATED OFFENSES? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF YES, EXPLAIN:							
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO							

JOB INTEREST

POSITION DESIRED	WAGES OR SALARY EXPECTED	\$	PER	HR. WK. MO.
OTHER POSITIONS FOR WHICH YOU ARE QUALIFIED	DATE AVAILABLE			
WHAT INTERESTED YOU IN SALVO'S?				
List names and addresses of relatives employed by Salvo Auto Parts.				
WERE YOU EVER EMPLOYED BY SALVO AUTO PARTS?		HAVE YOU EVER APPLIED FOR WORK AT SALVO'S?		
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?		<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?		

TRAINING

CIRCLE HIGHEST GRADE COMPLETED IN EACH SCHOOL CATEGORY	HIGH SCHOOL 9 10 11 12	COLLEGE 1 2 3 4	GRADUATE SCHOOL 1 2 3 4
NAME	LOCATION	COURSE-DEGREE	CLASS STANDING
GRADE SCHOOL			
HIGH SCHOOL			
COLLEGE			
GRADUATE SCHOOL			
APPRENTICE, BUSINESS OR VOCATIONAL SCHOOL			
OTHER TRAINING OR SKILLS (Factory or Office Machines Operated, Special Courses, etc.)			
HOBBIES			

# EMPLOYMENT HISTORY

PLEASE LIST ALL EMPLOYMENT STARTING WITH PRESENT OR MOST RECENT EMPLOYER.

ACCOUNT FOR ALL PERIODS, INCLUDING UNEMPLOYMENT & SERVICE WITH U.S. ARMED FORCES. USE ADDITIONAL SHEET IF NECESSARY.

DATES		NAME & ADDRESS - EMPLOYER	1. JOB TITLE 2. DEPARTMENT 3. NAME OF SUPERVISOR	DESCRIBE MAJOR DUTIES	WAGES	REASON FOR LEAVING
FROM	Month Year		1.		STARTING	
			2.		\$ PER	
TO	Month Year		3.		FINAL	
					\$ PER	
FROM	Month Year		1.		STARTING	
			2.		\$ PER	
TO	Month Year		3.		FINAL	
					\$ PER	
FROM	Month Year		1.		STARTING	
			2.		\$ PER	
TO	Month Year		3.		FINAL	
					\$ PER	
FROM	Month Year		1.		STARTING	
			2.		\$ PER	
TO	Month Year		3.		FINAL	
					\$ PER	
FROM	Month Year		1.		STARTING	
			2.		\$ PER	
TO	Month Year		3.		FINAL	
					\$ PER	
FROM	Month Year		1.		STARTING	
			2.		\$ PER	
TO	Month Year		3.		FINAL	
					\$ PER	

## PRE-EMPLOYMENT STATEMENT

I voluntarily give Salvo Auto Parts the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information.

I consent to take the pre-employment physical examination and such future examinations as may be required by the Company. I agree to wear or use the protective clothing or devices as required by the Company and to comply with the safety rules.

I agree that the entire contents of this application form, as well as the report of any such examination, may be used by the Company in whatever manner it may wish.

If employed by the Company, I understand that such employment is subject to the security policies of the Company.

I further understand that any false statements made by me on this application or any supplement thereto, or in connection with the above mentioned investigation will be sufficient grounds for immediate discharge.

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00.

APPLICANT'S SIGNATURE \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_

DATE \_\_\_\_\_