



APPLICATION FOR EMPLOYMENT

Date _____

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, gender, national origin, veteran status or disability.

PERSONAL BACKGROUND

Phone Number () _____ Driver's License Number _____

Name _____
Last First Middle

Present Address _____
Street City State Zip Code

Permanent Address _____
Street City State Zip Code

Referred by _____ Is this person currently employed by Brake Supply? Yes No

Position applying for _____ Date you can start _____ Salary desired _____

Are you employed? Yes No If so, may we inquire of your present employer? Yes No

Ever applied to this Company before? Yes No When? _____

Are you willing to work overtime? Yes No What shift(s) are you willing to work? _____

Are you willing to work weekends? Yes No Are you willing to relocate? Yes No

U.S. Military or Naval Service _____ Rank _____

If less than 18 years of age, do you have a work permit? Yes No

Can you submit verification of your legal right to work in the U.S.? Yes No

Have you ever been convicted of a felony? (A conviction record will not necessarily exclude you from employment) Yes No

If yes, please explain: _____

EDUCATIONAL BACKGROUND	NAME AND LOCATION OF SCHOOL	CIRCLE HIGHEST GRADE COMPLETED	GRADUATED	MAJOR AREA OF STUDY
HIGH SCHOOL	_____	9 10 11 12	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
	_____			_____
COLLEGE	_____	13 14 15 16	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
	_____			_____
TRADE, BUSINESS OR GRADUATE SCHOOL	_____		Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
	_____			_____

PHYSICAL RECORD

Do you have any handicap or disability which would interfere with your ability to perform the essential duties of the job for which you have applied? If yes, what can be done to accommodate your limitations?

WORK EXPERIENCE*(List below last four employers, starting with your present or last place of employment.)*

Date Mo/Yr.	Name and Address of Employer	Salary	Position	Name of Supervisor	Reason for Leaving
Fr.					
To					

Describe Duties:

May we contact? Yes No

Date Mo/Yr.	Name and Address of Employer	Salary	Position	Name of Supervisor	Reason for Leaving
Fr.					
To					

Describe Duties:

May we contact? Yes No

Date Mo/Yr.	Name and Address of Employer	Salary	Position	Name of Supervisor	Reason for Leaving
Fr.					
To					

Describe Duties:

May we contact? Yes No

Date Mo/Yr.	Name and Address of Employer	Salary	Position	Name of Supervisor	Reason for Leaving
Fr.					
To					

Describe Duties:

May we contact? Yes No **REFERENCES:** Give the names of three persons not related to you, whom you have known at least three years.

	Name & Occupation	Address	Telephone	Yrs Known
1.				
2.				
3.				

SKILLS ASSESSMENT

TECHNICAL / MECHANICAL SKILLS

USING THE 1-5 RATING SCALE BELOW, INDICATE YOUR SKILL LEVEL IN THE AREAS LISTED:

- 1= Novice, no skill or experience in this area
- 2= Some skill in this area, understand the basic concepts
- 3= Intermediate level, have significant experience in this area
- 4= Advanced level, have 3 years or more of experience in this area
- 5= Expert, have an accomplished work history, 5 years or more experience in this area

Reading Tape Measure _____ Fork Truck _____ Basic Math _____ Knowledge of Tools _____ Welding _____

Reading Micrometer _____ Industrial Mechanic _____ Safety _____ Shipping and Receiving _____ Machinist (manual) _____

Machinist (CNC programmer) _____ Maintenance _____ Transmission Mechanic _____ Wet Brake Mechanic _____ Dry Brake

Mechanic _____ Cylinder Mechanic _____ Fluid Power Mechanic _____ Journeyman Machinist _____ Journey Mechanic _____

ADMINISTRATION/PROFESSIONALSKILLS

Typing _____ Filing _____ Multi-Line Phone _____ Payroll _____ Outside Sales _____ Inside Sales _____

Ordering/Purchasing _____ Inventory _____ Supervision of Employees _____ Accounting _____ Marketing _____

Customer Service _____ Accounts Payable/Receivables _____ AutoCAD _____ Electrical Engineering _____ Mechanical

Engineering _____ Computer Programmer _____ Computer Networking _____ Computer Systems Analyst _____

LIST OTHER SKILLS YOU POSSESS NOT LISTED ABOVE:

DRUG FREE WORKPLACE

In order to preserve the safety, health and well-being of its Team Members, Brake Supply Co. Inc. is committed to a Drug Free workplace. The Company will utilize drug tests to prevent hiring or rehiring individuals who use illegal drugs and to prevent employing individuals whose use of drugs presents a risk or unsafe or unsatisfactory job performance.

APPLICANT'S STATEMENT

In signing this application, I certify that all of the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission or falsification be discovered, it will constitute grounds for dismissal. I hereby authorize Brake Supply Company, Inc. to conduct investigations of my civil and criminal background. I release all parties from any liability in connection with the provision and use of such information.

I understand and agree that, if employed by this organization, I will abide by its rules and regulations which I understand are subject to change. I further understand that, if hired, my employment is at-will and for no definite period of time and may be terminated by either party, at any time, with or without notice.

If the Company decides to engage an investigative consumer reporting agency to report on my credit and/or personal history, I authorize this investigation. If a report is obtained, the Company must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Applicant's Signature Date