

## TECH AUTO SUPPLY, INC. EMPLOYMENT APPLICATION

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street
City
State
Zip Code

Home Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

Have you ever been employed by Tech Auto Supply, Inc.    Yes    No

If yes, please indicate dates:

Do you have work, education or licensure records under another name?    Yes    No

If yes, please indicate:

Do you have any relatives employed by Tech Auto Supply, Inc.?    Yes    No

If yes, please indicate:

Position desired: \_\_\_\_\_ Salary expectations: \_\_\_\_\_

Type of employment:    Full-time    Part-time    Contingent

Check time(s) available:    Day    Afternoon    Midnight    Week-day    Week-night

Can you perform all of the essential job functions of the position(s) for which you are applying, with or without reasonable accommodations?    Yes    No

Have you ever been convicted (including a plea of guilty or no contest) of a crime (misdemeanor or felony) by a court, including a military court?    Yes    No

If yes, charge/date:

Are there felony charges pending against you?    Yes    No

If yes, charge/date:

**A "Yes" to either question does not necessarily bar you from employment, but may be considered in relation to job requirements.**

|                             |             |                   |              |                       |               |
|-----------------------------|-------------|-------------------|--------------|-----------------------|---------------|
| <b>Record of Education:</b> | <b>Name</b> | <b>City/State</b> | <b>Major</b> | <b>Graduate (Y/N)</b> | <b>Degree</b> |
|-----------------------------|-------------|-------------------|--------------|-----------------------|---------------|

High School:

College:

Graduate:

Business/Trade:

Other:

**Professional licensure, registration or certification:**

|       |      |        |
|-------|------|--------|
| State | Type | Number |
|-------|------|--------|

Have you ever held a professional license which has been suspended or revoked?    Yes    No    If yes, please explain:

Are proceedings pending to suspend or revoke such a license?    Yes    No    If yes, please explain.

Clerical skills:    Typing \_\_\_\_\_ wpm    What software programs do you have a working knowledge of?

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**Employment History:**

How were you referred?    Employee   Ad            Other  
If employed, may we contact your present employer?    Yes   No  
List beginning with your current or most recent employer:

From \_\_\_\_\_            Company \_\_\_\_\_ (Phone)  
To \_\_\_\_\_            Address \_\_\_\_\_  
Final Position \_\_\_\_\_ Salary \_\_\_\_\_  
Duties \_\_\_\_\_

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**Employment History:**

From \_\_\_\_\_            Company \_\_\_\_\_ (Phone)  
To \_\_\_\_\_            Address \_\_\_\_\_  
Final Position \_\_\_\_\_ Salary \_\_\_\_\_  
Duties \_\_\_\_\_

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**Employment History:**

From \_\_\_\_\_            Company \_\_\_\_\_ (Phone)  
To \_\_\_\_\_            Address \_\_\_\_\_  
Final Position \_\_\_\_\_ Salary \_\_\_\_\_  
Duties \_\_\_\_\_

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**Employment History:**

From \_\_\_\_\_            Company \_\_\_\_\_ (Phone)  
To \_\_\_\_\_            Address \_\_\_\_\_  
Final Position \_\_\_\_\_ Salary \_\_\_\_\_  
Duties \_\_\_\_\_

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Have you ever been discharged or suspended from employment?    Yes   No

    If yes, explain:

Have you ever been asked to resign your employment?    Yes            No

    If yes, explain:

Have you signed a non-compete or confidentiality agreement with a current or prior employer?    Yes   No

If yes, please provide the date(s) of the agreement(s) and with whom you entered into each agreement.

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**Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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**PLEASE READ CAREFULLY**

I affirm that the facts set forth above are true and complete to the best of my knowledge. False statements in this application may result in a refusal to hire, revocation of an offer of employment, or termination of employment once falsity of a statement becomes known.

I hereby authorize investigation of all information contained in this application and also authorize full disclosure of my present and prior work records by an employer. I understand that employment arising out of this application is contingent upon the results of this investigation. I hereby release any employer from any obligation to provide me with written notification of any information disclosed. I understand that this may include a record of disciplinary action assessed by the employer.

I further understand that Tech Auto Supply, Inc. requires a background check, and that hiring is contingent upon receipt of satisfactory results.

Michigan law provides that disabled persons are entitled to certain legal rights including, where appropriate, accommodation. If you are disabled and need accommodation, you must notify Tech Auto Supply, Inc. in writing of the need for accommodation within 182 calendar days of the date you know or should have known of the need for accommodation. Failure to give timely written notice of the need for accommodation may result in loss of legal rights under Michigan law.

I agree that if I am employed by Tech Auto Supply, Inc., the employment relationship is at-will which means that either Tech Auto Supply, Inc. or I may terminate the employment relationship at any time with or without cause or notice. I understand and agree that no manager, supervisor or representative of Tech Auto Supply, Inc. other than \_\_\_\_\_ has the authority to enter into any agreement for employment for any specified period of time or enter into any agreement contrary to any information in this Applicant Statement. I understand that to be binding, such an agreement must be in writing directed to me personally, and signed by both \_\_\_\_\_ and me. No other practice, procedure, written or oral policy or statement by anyone, including other management personnel, can alter the at-will employment relationship. I further recognize that if I am employed by Tech Auto Supply, Inc., I will receive compensation and benefits and be subject to rules and regulations; but I agree that such compensation, benefits, rules and regulations are subject to change by Tech Auto Supply, Inc. with or without notice to me. I acknowledge that my assigned work hours and place of work may be modified by Tech Auto Supply, Inc.

I have read and understand and agree to the above statements and conditions of employment.

Signature: \_\_\_\_\_

Date:

**It is the policy of Tech Auto Supply, Inc. not to discriminate in its employment and personnel practices because of a person's race, color, creed, religion, sex, national origin, age, height, weight, marital status, disability, or any other characteristic protected by federal, state, or other applicable law.**

**RELEASE OF INFORMATION**

The facts set forth in my original application for employment are true and complete to the best of my knowledge, and I understand that any misrepresentation, falsification or willful omission shall be sufficient reason for revocation of an offer of employment or dismissal from employment. I understand that this does not alter the at-will employment relationship.

I hereby release from liability your company and all agents of your company for other acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications. I hereby release from liability any and all individuals and organizations, any firm, institution or court, who release data pertinent to the review of my application and information released in good faith and without malice concerning my professional competence, ethics, character or other qualifications.

\_\_\_\_\_  
Signature of Applicant

Date

\_\_\_\_\_  
Street

Former Address

\_\_\_\_\_  
City State

Former Name (if any)

\_\_\_\_\_  
Social Security Number

Driver=s License Number