## CEE-KAY'S ONE MILLION AUTO PARTS EMPLOYMENT APPLICATION AN EQUAL OPPORTUNITY EMPLOYER

**NOTICE:** Applicants should read the following information carefully before filling out any of the questions in this form. Title VII of the Civil Rights Act of 1964, as amended, prohibits discrimination in employment because of race, color, sex, religion, or national origin. It is also illegal to discriminate in employment of persons because of their age if over 40 years of age, or because of a handicap, disability, marital status, unfavorable military discharge.

							Date		
Name				7.			NC 111		
La	ast		l	First			Middle		
Telephone Num	nber								
Present Address	S								
#		Street	Street City		State	State Zip Code			
Are you applying for: Full-T		ime		Part-T	Part-Time Posit		Position:	tion:	
Would you be a	vailable to	work overti	me, if neces	ssary?	YES _		NO		
On what date w	ould you be	e available f	or work?						
At what stores a	are you seel	king employ	ment? MO	OSIC	SCRANTON	KINO	GSTON	PITTSTON	WILKES BARRE
	Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	
WRITE HOURS	From:								Number of Hours Desired Per Week:
AVAILABLE									
	To:					1			
				pefore? YE	SSNO	I	f yes, when?		
Are you 18 years	or older? Y	ES	NO						
If hired, can you	provide the d	locuments red	quired to pro	ve you are	authorized to w	ork in the	United State	es? YES	NO
Have you been co	onvicted of a	crime(s), oth	er than mino	r traffic vio	olations within	the last sev	ven (7) years	? YES	NO
If yes, give detail	(s), nature of	the crime(s)	. when/where	e convicted	and disposition	n of the car	se:		
, 12, 8	(-),		,		<b>.</b>				
NOTE: No appli									re of the offense, the date of the be considered.
School			Ī	Name &	Address			No	o. of Years Completed
High									
School									
College									
University									
Other									

Name of Firm	cent Employers, Starting S Address & Telephone	Dates of	Hourly Pay Rate	Reason For Leaving	Position & Duties
			Starting:		
			Ending:		
			Starting:		
			Ending:		
			Starting:		
			Ending:		
References: List belo	w 2 persons you have kno	wn at least one year.	DO NOT LIST	 RELATIVES OR FO	DRMER EMPLOYERS.
Name:			7	Telephone #	
Address# Stree					
# Stree	t	City	S	tate	Zip Code
Number of Years Acqu	nainted	Occu	pation		
Name:				Telephone #	
Address# Stree					
# Stree	t	City	S	tate	Zip Code
Number of Years Acqu			pation		
answers given by me a personally completed t		st of my knowledge. I d that any omission or	further certify the misstatement of	nat I, the undersigned material fact on this	d applicant, have
understand that to be will prove this.	employed I must be lawfull	y authorized to work i	n the United Stat	es and I must show t	the employer documents tha
related papers, in interv		ecks. I authorize all in	ndividuals, schoo	ols, credit reference o	
	emain active for a period of ould return and complete a		of 45 days you a	re still interested in e	employment and have not
an employment contract for no definite or deter	ng contained in the applicated between me and the Comminable period and may be no promises or representations. Company's President.	pany. In addition, I un terminated at any time	nderstand and agree, with or without	ree that if I am emplo prior notice, at the o	byed, my employment is option of either myself or
Date	e			Applicant's Sig	nature



Many of our positions require a valid driver's license. All candidates must complete this information. Thank you.

## FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A); 606 and 615 of the Fair Credit Reporting Act, effective September 30, 1997, you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes.

Note: In accordance with DOT regulations for appropriate drivers Sections 382.413, 391.23 and 391.25 of the Federal Motor Carriers Safety Regulations, requires these reports.

I also understand that if employed, my employer will periodically review my Motor Vehicle Record to determine continued eligibility to drive a company vehicle.

This authorization is valid for pre-employment purposes and as long as I am an employee and may only be rescinded in writing.

Candidate Ackno	wledgment		
Print full name as	s it appears on driver's license	Dat	te
Signature			
Birth date	Driver's license #	State	Expiration
Do you have auto	o insurance? Yes No		
Has your insuran	ce ever been cancelled? Yes	No	
Any convictions f	or moving violations in the past t	hree years? Yes	No
If yes provide da	te(s) and reason(s)		
Suspensions/Rev	ocations (provide date/reason) _		

## WHY SHOULD CEE-KAY HIRE ME?

(no applicant will be considered without completing this section)
