

# Car Parts Warehouse

# Employment Application

- \* Car Parts Warehouse is an Equal Opportunity Employer
- \* Car Parts Warehouse is Level One with BWC and can Drug Test new hires.
- \* Attendance is an ESSENTIAL function of employment at Car Parts Warehouse.
- \* Any falsification on the employment application can result in termination.
- \* Employee must maintain a professional appearance and meet company dress code.
- \* Work schedule may include weekends.

Date: \_\_\_\_\_

Store # \_\_\_\_\_

**Please complete in full--even if resume is attached**

Legal Name: Last _____	First _____	MI: _____
Street Address _____		Soc. Security Number: _____
City, State, Zip _____		Telephone Number _____
		Cell Phone Number _____

- \* Have you been previously employed by Car Parts Warehouse ?  
Yes \_\_\_ No \_\_\_ If yes, at which store \_\_\_\_\_ In what year \_\_\_\_\_
- \* If hired, can you furnish proof that you are legally permitted to work in the USA ? Yes \_\_\_ No \_\_\_
- \* Have you ever been convicted of a crime other than a minor traffic violation ? Yes \_\_\_ No \_\_\_  
If "Yes", when and where ? City/ State/Year \_\_\_\_\_
- \* Have you ever initiated and act of violence in the work place ? Yes \_\_\_ No \_\_\_  
If "Yes", please explain, use additional paper if necessary \_\_\_\_\_
- \* Do you have relatives employed by Car Parts Warehouse? Yes \_\_\_ No \_\_\_
- \* Position Applying : How did you learn of the position \_\_\_\_\_ Pay Expected: \_\_\_\_\_ Geographic Preference \_\_\_\_\_
- \* Date you can begin work? \_\_\_\_\_ Seeking: Full time \_\_\_ Part Time \_\_\_
- \* Hours Available to work:  
Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thur: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_
- \* Please list any skills or special training you have--(ex., automotive, computer etc.)  
\_\_\_\_\_  
\_\_\_\_\_
- \* List any languages, other than English, that you can speak/write fluently: \_\_\_\_\_

**EDUCATION:**

School:	Name/Location	Area of Study	# of Years	Degree
High School	_____	_____	_____	_____
College/Trade	_____	_____	_____	_____
Other	_____	_____	_____	_____

**REFERENCES:** Provide three references other than relatives

- 1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone : \_\_\_\_\_ Organization: \_\_\_\_\_
- 2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone : \_\_\_\_\_ Organization: \_\_\_\_\_
- 3 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone : \_\_\_\_\_ Organization: \_\_\_\_\_

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**EMPLOYMENT HISTORY**

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Indicate your last three employers, begin with your MOST RECENT employer. Military personnel should list permanent changes (PCS) separately in the blocks below.

May we contact your present employer? Yes \_\_\_\_ No \_\_\_\_

Have you ever been terminated or asked to resign from a position ? Yes \_\_\_\_ No \_\_\_\_

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1 Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Dates Employed from (Mth/Year):  
from \_\_\_\_\_ to \_\_\_\_\_ Pay Rate: Start: \_\_\_\_\_ E End: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Are you eligible for rehire? Yes \_\_\_\_ No \_\_\_\_

Responsibilities: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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2 Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Dates Employed from (Mth/Year):  
from \_\_\_\_\_ to \_\_\_\_\_ Pay Rate: Start: \_\_\_\_\_ E End: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Are you eligible for rehire? Yes \_\_\_\_ No \_\_\_\_

Responsibilities: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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3 Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Dates Employed from (Mth/Year):  
from \_\_\_\_\_ to \_\_\_\_\_ Pay Rate: Start: \_\_\_\_\_ E End: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Are you eligible for rehire? Yes \_\_\_\_ No \_\_\_\_

Responsibilities: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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**DRIVING RECORDS --ALL APPLICANTS MUST COMPLETE THIS SECTION.**

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Do you have a valid driver's license? Yes \_\_\_\_ No \_\_\_\_ If yes, is it valid for commercial delivery in Ohio? \_\_\_\_\_

License #: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_ Has it ever been suspended? Yes \_\_\_\_ No \_\_\_\_

**List all moving violations in the last three years:**

Date Type of Violation Convicted (Y/N)

**List all accidents in the last three years:**

Date Type of Violation Convicted (Y/N)

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**SUMMARY----Must be signed at the bottom**

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Car Parts Warehouse makes every reasonable effort to accommodate individual preferences when possible, however business needs and customer demands at times make the following conditions mandatory; overtime, shifts work, a rotating schedule other than Monday through Friday. I understand these conditions and, if employed, I agree to accept them as conditions of my continuing employment.

I hereby agree and understand that as a condition of employment or continued employment, I may be required by the company to submit to a physical examination, drug testing, or other tests, a search or examination of myself or personal property while on the company's premises or while conducting business elsewhere, if such is not prohibited by application law.

If employed, I agree to abide by the directives, rules and regulations of CPW both present and future. I understand that the employment is for no definite period of time and may be terminated by CPW with or without cause or notice at any time. I further understand that no representative of the company has the authority to enter into any employment agreement contrary to the following.

I certify that my application for employment is true and complete, and I understand that, if employed, false or omitted statements on this application or any other company documents will subject me to dismissal. I understand that an investigative consumer report involving information concerning my character, employment history, general reputation, police record, and personal habits, may be obtained prior to any offer of employment.

Upon timely written request to CPW's Human Resources Dept., the name and address of the reporting agency will be disclosed to me. It is understood that completion of this application does not mean a job opening exists and in no way obligates CPW to employ me. I further authorize contracted persons and former employees to provide information concerning this application, my background and suitability for employment and I release such persons and former employers from liability for providing such information.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# **STRASSMAN**

Insurance Services

## **REQUEST FOR CHECK OF DRIVING RECORD**

To: Strassman Insurance Services  
26351 Curtiss-Wright Parkway  
Richmond Heights, Ohio

Ph: 216-289-1500  
Fx: 216-289-1501

### **APPLICANT**

The Following named person has made application with our company for the position of : **Driver/Counter**  
As in accordance with Section 391.23, Federal Department of Transport Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Former Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ License # \_\_\_\_\_

for purposes of investigation as required by Section 391.2 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **EMPLOYER:**

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508. I hereby certify that the information requested will be used for a "permissible purpose" as defined in the Act, and that the information will be used for no other purpose.

2. I further certify that if the applicant named above is denied employment based upon the information received, I will identify the source of the report in accordance with Section 616 (a) of the Fair Credit Reporting Act.

### **Requested By:**

**Car Parts Warehouse**  
**5200 West 130th Street**  
**Brook Park, Ohio 44142**

Typed Name: Don Ujcz

Title: Controller

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

Strassman Insurance Services  
26351 Curtiss-Wright Parkway, Richmond Heights, Ohio 44143 Ph: 216-289-1500 Fx: 216-289-1501  
[www.strassman.net](http://www.strassman.net)