

## APPLICATION FOR EMPLOYMENT

Cal-State Auto Parts, Inc. is an Equal Opportunity Employer. The company does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristics protected by applicable state or federal civil rights laws.

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

### PERSONAL INFORMATION

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	
<b>Home Phone</b>	<b>Cell Phone</b>		
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Social Security Number</b>			
Are you able to perform the essential functions of the positions for which you are applying, either with or without reasonable accommodations?      Yes      No			
Do you have the legal right to work and be employed in the U.S.?      Yes      No <small>(proof of identity and legal authority to work in U.S. is a condition of employment)</small>			
Are you at least age 18?      Yes      No <small>(proof of age and work permits may be required prior to hiring)</small>			
What type of position are you seeking?      Full Time      Part Time			
If hired, when are you available to start working?      Date: _____			
What is your desired rate of pay? _____      Hourly      Annually			
Have you been convicted of a felony within the last 7 years?      Yes      No If yes, please explain and state the charge, the court, the date of the conviction and the disposition of the case: _____ _____ _____			
<small>A conviction is not an automatic bar to employment. Each case will be considered on its own merits.</small>			
Have you ever applied for employment with this company?      Yes      No If yes, when: _____			
Have you ever worked for this company?      Yes      No If yes, when: _____			
How were you referred to Cal-State? _____			

## Education

	Name of School	Graduated	Number of Years	Course or Major
High School		Yes    No		
College		Yes    No		
Other		Yes    No		

## Work Experience

**Please list all of your jobs in the past five years.** (If applicable, you may list work performed on a voluntary basis. If additional pages are needed, please attach)

Are you currently employed?    Yes    No			
<b>Current or Most Recent Position</b>			
<b>Company Name</b>		Position Title	
Address	City	State	Zip
Supervisor Name		Contact Number	
Dates of Employment _____ to _____			
Job Duties			
Reason for Leaving		Salary	
May we contact this employer?    Yes    No			

<b>Company Name</b>		Position Title	
Address	City	State	Zip
Supervisor Name		Contact Number	
Dates of Employment _____ to _____			
Job Duties:			
Reason for Leaving		Salary	
May we contact this employer?    Yes    No			

<b>Company Name</b>		Position Title	
Address	City	State	Zip
Supervisor Name		Contact Number	
Dates of Employment to			
Job Duties			
Reason for Leaving		Salary	
May we contact this employer?    Yes    No			

### REFERENCES

Name	Relationship	Years Known	Phone Number	Email Address

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and I agree to allow Cal-State to verify any of the statements contained within unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom Cal-State contacts, to provide Cal-State any and all information concerning my previous employment and any other pertinent information that they may have. I understand that any offer of employment is conditioned on the Company's receipt of satisfactory responses to reference *questions and completion of a post-offer medical examination. Further, I release all parties and persons from any and all liability* for any damages that may result from furnishing such information to Cal-State as well as from any use or disclosure of such information by Cal-State or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive and offer, or if I am hired my immediate dismissal from employment.

I understand if offered a position, that any employment relationship with this organization will be of an "at will" nature. I agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

\_\_\_\_\_  
Date