

Kuhl Auto Parts, LLC Employment Application

APPLICANT INFORMATION

Full name:				Date	:
	Last	First	MI		
Address: _					
	Street Address			Apt. #	
_	City			ate	ZIP
Phone:	,		E-mail:		
	ble to start:				
Position(s)	applied for: C	ounterperson	_ Delivery Drive	er Outside Sa	les Office
Willing to w	vork in (check all t	hat apply): Co	olfax Pullma	an Potlatch	Other
Employmer	nt Desired: Fu	ıll Time (40+ hrs/۱	wk) Part tii	me (- 30 hrs/wk)	
Are you cur	rrently employed? If yes, may w	Yes No re contact your en	nployer? Ye	es No	
Do you hav	e a driver's licens	e? Yes No	If yes, Stat	te of Issue:	
	DL Number:			Exp. Da	te:
Have you h	ad any accidents o	during the past 3 y	years? Yes	No How m	nany?
Have you h	ad any moving vic	plations during the	e past 3 years?	Yes No	How many?
Are you a c	itizen of the Unite *If no, are yo	ed States? Yes ou authorized to w		? Yes No	
Have you e	ver been convicte *If yes, pleas		Yes No		

EDUCATION					
	Name/Location	Years Completed	Diploma/Degree		
High School:					
College:					
Trade/Tech:					
Special skills or training:					
	WORK EXPE	RIFNCF			
	* List in order of most rece				
Company name:		Phone:			
		Your job title:			
		Highest Salary:			
Job description, daties					
Peacen for leaving:					
Reason for leaving.					
Company name:		Phone:			
Address:					
Supervisor:	Your job title:				
Dates of employment:	to	Highest Salary:			
Job description/duties:					
Reason for leaving:					

Company name:		Phone:				
Address:						
Supervisor:	pervisor: Your job title:					
Dates of employment:	to	Highest Sala	ary:			
Job description/duties:						
Reason for leaving:						
	REFERENC	CES				
* Please list 3 people not related to you, whom you have known for at least 1 year.						
Name	Address	Phone #	Business/Relationship			
1						
2						
3						
NOTE: The information provided or may disqualify you from considerat In compliance with federal law, all United States, and to complete the	ion for employment or, if persons hired will be requi	hired, may be grounds for t red to verify identity and e	termination at a later date. ligibility to work in the			
"I certify that the information p knowledge and understand that for dismissal. I authorize the inv former employers listed above t and I release all persons or com	r, if employed, falsified s estigation of all stateme to release job-related in	tatements on this applicents/information contain	ation shall be grounds ed herein. I authorize y previous employment,			
I understand that a consumer comployment. If such reports are company will provide me with a separate written authorization for the separate which is a separate which	required, I understand written notice regardin	that, in compliance with g the use of these report	federal law, the			
Signature:			Date:			

FOR OFFICE USE				
Person who received application:				
Date received:	Resume? Yes No			
Notes (appearance, personality):				
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