

IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION, PLEASE ADVISE THE COMPANY REPRESENTATIVE

Date \_\_\_\_\_



**AUTO PARTS**

NAPA AN EQUAL OPPORTUNITY EMPLOYER and fully subscribes to the principles of Equal Employment Opportunity NAPA; has adopted an Affirmative Action Program to ensure that all applicants and employees are considered for hire, promotion and job status, without regard to race, color, religion, sex, national origin, age, veteran status, or disability.

To protect the interests of all concerned, applicants for certain job assignments must pass a physical examination before they begin work. Alternative placement of an applicant who does not meet the physical standards of the job for which he/she was originally considered is permitted  
NAPA ALSO CONDUCTS PRE-EMPLOYMENT SUBSTANCE ABUSE TESTING.

Note: This application will be considered active for 30 days. If you have not been employed within this period and are still interested in employment at NAPA, you must re-apply in person.

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

Last First Middle

Address \_\_\_\_\_

Number Street City County

State and Zip Code \_\_\_\_\_ Current Phone or nearest phone \_\_\_\_\_

State Zip Code

Previous Address \_\_\_\_\_ (Answer only if position for which you are applying requires driving.)

Number Street City State Zip

Licensed to drive a car? Yes No

If hired, can you furnish proof of age? Yes No Is license valid in Texas? Yes No

Are you a US Citizen or an Alien legally entitled to work in U.S.? Yes No

Have you ever been employed by NAPA? Yes No If so, when and where? \_\_\_\_\_ Position \_\_\_\_\_

Former employees of NAPA and certain Subsidiaries may be entitled to service credit under the Pension Plan based on prior employment with the Company.

Do you have a relative employed by NAPA in the city where you are applying? Yes No If so, name: \_\_\_\_\_

	School Attended	No. of Years	Name of School	City/State	Graduate?	Course or College Major	Average Grades
	Sr. High						
	Tech						
	College					Degree:	
	Other						

	Branch of Service	Date Entered Service	Date of Discharge	Highest Rank Held	Service-Related Skills and Experiences
					Applicable to Civilian Employment

What experience or training have you had other than your work experience, military service or education?

I am interested in the type of work I have checked:

Store Office Sales Delivery Truck Driver Or the following specific job \_\_\_\_\_

I am seeking: Temporary Regular Employment I am available for: Part Time Full Time Employment

If part-time, indicate maximum hours per week \_\_\_\_\_

If temporary, indicate dates available \_\_\_\_\_ Are there any hours or days during the week when you would not be available to work? Yes No If yes, explain: \_\_\_\_\_

Have you been convicted of, pled guilty or no contest (nolo contendere) to a felony during the last seven years?

Yes No If yes, explain \_\_\_\_\_

**Employment Application Insert**

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or veteran status, medical condition or disability.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirement, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application of Employment.

Name:  
Social Security #:  
Address & Phone #

**AFFIRMATIVE ACTION SURVEY**

Government agencies require periodic reports on the sex, ethnicity, disabled and veteran status of applicants. This data is for analysis and affirmative action only.

Check one: Male Female

Check one of the following:  
Race/Ethnic Group:

White American Indian/Alaska Native  
Hispanic  
Black Asian/Pacific Islander

Position Applied for:

# REFERENCES

LIST BELOW YOUR FOUR MOST RECENT EMPLOYERS, BEGINNING WITH THE CURRENT OR MOST RECENT ONE. IF YOU HAVE HAD LESS THAN FOUR EMPLOYERS, USE THE RECENT SPACES FOR PERSONAL REFERENCES. IF YOU WERE EMPLOYED UNDER A MAIDEN OR OTHER NAME, PLEASE ENTER THAT NAME IN THE RIGHT HAND MARGIN IF APPLICABLE. ENTER SERVICE IN THE ARMED FORCES ON THE REVERSE SIDE.

NAMES AND ADDRESSES OF FORMER EMPLOYERS, BEGINNING WITH THE CURRENT OR MOST RECENT	Nature of Employer's Business	Starting Date	Date of Leaving	Name of your Supervisor	What kind of work did You do?	Pay at Leaving	Why did you leave? Give details
NOTE: State reason for and length of inactivity between Present application date and last employer.							
Name		Month	Month				
Address <span style="float: right;">Tel. No.</span>		Year	Year				
City <span style="float: right;">State      Zip Code</span>							
NOTE: State reason for and length of inactivity between periods of active employment.							
Name		Month	Month				
Address <span style="float: right;">Tel. No.</span>		Year	Year				
City <span style="float: right;">State      Zip Code</span>							
NOTE: State reason for and length of inactivity between periods of active employment.							
Name		Month	Month				
Address <span style="float: right;">Tel. No.</span>		Year	Year				
City <span style="float: right;">State      Zip Code</span>							
NOTE: State reason for and length of inactivity between periods of active employment.							
Name		Month	Month				
Address <span style="float: right;">Tel. No.</span>		Year	Year				
City <span style="float: right;">State      Zip Code</span>							

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information is grounds for disqualification from any further consideration or for dismissal in accordance with Company policy. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing this information to you. In consideration of my employment, I agree to conform to the rules and regulations of the Company and my employment and compensation can be terminated with or without cause and with or without notice at any time, at the option of either the Company or myself. I understand that no manager or representative of the Company other than the President or Vice President of the Company has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. In some states, the law requires that the Company have an applicant's written permission before obtaining consumer reports or police records on an individual, and I hereby authorize the Company to obtain such reports. I further understand and agree to submit to a pre-employment SUBSTANCE ABUSE TEST.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_