

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

**NAPA PAYSON AUTO SUPPLY**  
**APPLICATION FOR EMPLOYMENT**  
 IF HARD COPY, PRINT INFORMATION REQUESTED IN INK.

Date \_\_\_\_\_

NAPA IS 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 interest 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.**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Last First Middle

Address \_\_\_\_\_  
 Number and Street City County

State and Zip Code \_\_\_\_\_ Current Phone # \_\_\_\_\_

Drivers license # \_\_\_\_\_

Email Address \_\_\_\_\_

Licensed to drive car? Yes No  
 is license valid in this state? Yes No

If hired, can you furnish proof of age? Yes No  
 Are you a U.S. 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 last employer? \_\_\_\_\_ Position \_\_\_\_\_

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

	School Attended	# of Years.	Name of School	City/State	Graduate?	Course or College Major	Average Grades
EDUCATION	Sr. High						
	Tech						
	College					Degree:	
	Other						

U.S. MILITARY SERVICE	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 Maintenance Delivery Truck Driver  
 Office Sales Or the following specific job \_\_\_\_\_

I am seeking  
 Temporary Employment  
 Regular

I am available for:  
 Part Time Employment  
 Full Time

If temporary, indicate dates available \_\_\_\_\_ Are there any hours or days during the week when you would not be available to work? and if part-time, indicate maximum hours per week \_\_\_\_\_

Have you been convicted of, plead guilty or no contest to a felony during the last seven years?

Yes No if yes, explain \_\_\_\_\_

# EMPLOYMENT HISTORY

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 REMAINING SPACES FOR PERSONAL REFERENCES, IF YOU WERE EMPLOYED UNDER A MAIDEN OR OTHER NAME, PLEASE ENTER THAT NAME IN 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

**NOTE:** State reason for and length of inactivity between present application date and last employer.

	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
1.	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Tel. #: _____						
		Month Year	Month Year			Per Week	
2.	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Tel. #: _____						
		Month Year	Month Year			Per Week	
3.	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Tel. #: _____						
		Month Year	Month Year			Per Week	
4.	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Tel. #: _____						
		Month Year	Month Year			Per Week	

I certify that the information continued 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 that may have personal, or otherwise and release all parties from all liability for any damage that may result from furnishing name 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 SIGNATURE:** \_\_\_\_\_

**Date** \_\_\_\_\_

\* Sign or type your name above to verify you have read and agree to the terms stated



PAYSON AUTO SUPPLY  
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801-465-9268

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Thank you for applying. Please submit your application during business hours: 8-6:30 weekdays, 8-5 Saturdays, Closed Sundays.

Glen E. Wood, President