

LOCATIONS:

HAM'S AUTO PARTS, INC.

DATE: _____

- BARNESVILLE
- ROBERTA
- FORSYTH
- JACKSON
- GRIFFIN
- REYNOLDS
- THOMASTON



APPLICATION FOR EMPLOYMENT

PLEASE PRINT

APPLICANT INFORMATION

NAME		MAIDEN NAME	
DATE OF BIRTH	SSN	PHONE NUMBER	<input type="checkbox"/> HOME <input type="checkbox"/> Cell
CURRENT ADDRESS	CITY	STATE	ZIP
VALID DRIVERS LICENSE: <input type="checkbox"/> YES <input type="checkbox"/> NO	STATE ISSUED	LICENSE NUMBER	
DESIRED POSITION	AVAILABLE START DATE	DESIRED SALARY	
REFERRED BY:			

CITIZENSHIP STATUS

<input type="checkbox"/> A CITIZEN OR NATIONAL OF THE UNITED STATES	ALIEN NUMBER
<input type="checkbox"/> AN ALIEN LAWFULLY ADMITTED FOR PERMANENT RESIDENCE	
<input type="checkbox"/> AN ALIEN AUTHORIZED BY INS TO WORK IN THE UNITED STATES	EXPIRATION
<input type="checkbox"/> OTHER _____	

EMPLOYMENT INFORMATION

CURRENT/MOST RECENT EMPLOYER		MAY WE CALL? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYER ADDRESS	CITY, STATE	PHONE	
START DATE	DATE LEFT	POSITION	
SUPERVISOR	SALARY: STARTING ENDING		
REASON FOR LEAVING			
PREVIOUS EMPLOYER		MAY WE CALL? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYER ADDRESS	CITY, STATE	PHONE	
START DATE	DATE LEFT	POSITION	
SUPERVISOR	SALARY: STARTING ENDING		
REASON FOR LEAVING			

OTHER REFERENCES

NAME	PHONE	BUSINESS	YEARS KNOWN

EDUCATION HISTORY

HIGH SCHOOL NAME		GRADUATED YEAR:
COLLEGE NAME		GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO
FIELD OF STUDY	DEGREE	YEAR
TRADE/BUSINESS SCHOOL		GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO
FIELD OF STUDY	DEGREE	YEAR

SPECIAL CERTIFICATIONS, TRAINING OR SKILLS

CERTIFICATE	DATE OBTAINED

MILITARY SERVICE

U.S. MILITARY SERVICE	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATUS
BRANCH	<input type="checkbox"/> Active <input type="checkbox"/> Reserves	<input type="checkbox"/> Retired <input type="checkbox"/> Veteran

AUTHORIZATION

I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS 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 THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORIZATION TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICAN DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS.

SIGNATURE OF APPLICANT _____

DATE _____

**AUTHORIZATION FOR RELEASE OF INFORMATION AND FOR THE
PROCUREMENT OF A COMPREHENSIVE BACKGROUND REPORT**

I consent to have a consumer report made as to my credit history, employment history, motor vehicle driving record, social security information, criminal record, medical history, military record, and other pertinent information for employment purposes, including initial decisions, promotions, reassignments, and/or retention. I hereby authorize Ham's Auto Parts Inc. to obtain a background report containing the foregoing information.

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, national credit reporting agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to Ham's Auto Parts Inc. within a reasonable time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, government agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to any requesting party with this release form.

By this authorization for Release of Information and for the Procurement of a Background Report, I hereby forever release, discharge, exonerate, hold harmless and indemnify Ham's Auto Parts Inc., its affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims of libel, slander, invasion of privacy, related tort claims, misuse of information obtained from Ham's Auto Parts Inc., and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of Ham's Auto Parts Inc., unless such release is determined to violate the law of the state or federal district that this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

Date: _____ Applicant's Signature: _____

Printed Name: _____ Social Security No.: _____

Birth Date: _____ Driver License #/ State Issued: _____

IMPORTANT! Satisfactory to contact present employer? Yes _____ No _____

*Responses to the above questions are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another person in the event we discover adverse information during our background investigation.