



LOCATIONS:

Seal Beach, CA

Application For Employment

Original Parts Group, Inc.
1770 Saturn Way
Seal Beach, CA 90740

Our company provides equal employment opportunities to all employees and qualified applicants for employment without regard to age, color, national origin, ancestry, physical or mental disability, pregnancy, race, religion, (including religious dress & grooming), gender, gender identity, gender expression, sex, sexual orientation, marital status, veteran status, genetic information or any other characteristic protected by federal, state or local law.

Date:	Position for which you are applying:	Starting pay range you are seeking:

PERSONAL INFORMATION

First Name	MI	Last	Home Phone
Street Address			Mobile Phone
City	State	Zip Code	Message Phone
Are you legally eligible for employment in the U.S.A. If offered employment, you must present proof of identity and employment authorization.			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been employed by our company? If "Yes" list dates, position, department, and supervisor:			
Do you have any relatives that work for our company? If "Yes" list names:			
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes ___ No ___ If no, describe the functions that cannot be performed:			
Type of work for which you are applying:		Can you work weekends and other shifts? Indicate times you cannot work:	
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other: _____			
How did you hear about our company?			

DRIVING OWN AND/OR COMPANY VEHICLE FOR WORK USE

Driver license Number:	Has your license been suspended or revoked in the past five years? If "yes" explain:
Have you been convicted of a moving violation within the past five years? If "yes" explain:	

EXPERIENCE

If you need additional space, please continue on a separate sheet of paper.

Begin with the most recent employer.

Employer	Address			From (Mo. /Yr.)	To (Mo. /Yr.)
Name of Supervisor	Supervisor's Title	Phone	Ext.	Reason for Leaving	
Starting Position	Current or Last Position Held			May we contact this employer?	

Description of Duties:

Employer	Address			From (Mo. /Yr.)	To (Mo. /Yr.)
Name of Supervisor	Supervisor's Title	Phone	Ext.	Reason for Leaving	
Starting Position	Current or Last Position Held			May we contact this employer?	

Description of Duties:

Employer	Address			From (Mo. /Yr.)	To (Mo. /Yr.)
Name of Supervisor	Supervisor's Title	Phone	Ext.	Reason for Leaving	
Starting Position	Current or Last Position Held			May we contact this employer?	

Description of Duties:

Employer	Address			From (Mo. /Yr.)	To (Mo. /Yr.)
Name of Supervisor	Supervisor's Title	Phone	Ext.	Reason for Leaving	
Starting Position	Current or Last Position Held			May we contact this employer?	

Description of Duties:

EDUCATION AND SKILLS

High School Attended	City	State	Did You Graduate

OTHER EDUCATIONAL INSTITUTIONS ATTENDED

Name	City	State	Zip Code

Degree Major/minor or field of Specialty	Did you Graduate	Degree/Certificate Attained

Name	City	State	Zip Code

Degree Major/Minor or field of Specialty	Did you Graduate	Degree/Certificate Attained

Name	City	State	Zip Code

Degree Major/Minor or field of Specialty	Did you Graduate	Degree/Certificate Attained

List licenses, certifications, and foreign language proficiency if job-related:

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List office machines: calculators, computers, and software applications used (indicate your typing and/or data input speed):

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List Skills: (Systems and Data Management, Programming/Software Design, Web Tools, Computer Hardware, etc.):

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Provide information re: community activities, professional, trade or service organizations to which you belong, which you believe may demonstrate your job-related abilities (You may exclude any which indicate race, color, religion, sex, national origin, age, disability or status as a Vietnam-era or disabled veteran).

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PROFESSIONAL REFERENCES

List employers, colleagues, and associates familiar with your professional ability and who may be contacted. Do not list relatives and friends.

Name	Occupation	Phone

Street Address	City	State	Zip

Name	Occupation	Phone

Street Address	City	State	Zip

THE STATEMENTS BELOW ARE PART OF THE APPLICATION PROCESS PLEASE READ CAREFULLY.

I CERTIFY THAT THE ANSWERS ON THIS APPLICATION ARE TRUE AND COMPLETE. IN SUBMITTING THIS APPLICATION FOR EMPLOYMENT, I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN. I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF PERTINANT FACTS THAT WOULD OTHERWISE MAKE ME INELIGIBLE FOR CONSIDERATION, DISCOVERED NOW OR IN THE FUTURE, WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THE APPLICATION AND/OR SEPARATION FROM THE COMPANY'S SERVICE, IF I HAVE BEEN EMPLOYED. I HEREBY AUTHORIZE ANY PERSON OR ORGANIZATION WHOSE NAME I HAVE GIVEN AS A REFERENCE OR BY WHOM I HAVE BEEN PREVIOUSLY EMPLOYED, TO FURNISH THIS COMPANY OR ITS REPRESENTATIVES, ANY INFORMATION CONCERNING ME, WITH RESPECT TO MY QUALIFICATIONS AS AN EMPLOYEE. I HEREBY RELEASE ALL SUCH PERSONS AND ORGANIZATIONS FROM ANY CLAIMS FOR DAMAGES ARISING AS A RESULT OF THE GOOD FAITH DISCLOSURE OF SUCH RECORDS OR INFORMATION.

THE FAIR CREDIT REPORTING ACT REQUIRES THAT APPLICANTS KNOW THAT A ROUTINE INQUIRY MAY BE MADE WHICH WILL PROVIDE JOB-RELATED INFORMATION CONCERNING CHARACTER AND REPUTATION. UPON WRITTEN REQUEST ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

I UNDERSTAND THAT I MAY BE REQUIRED TO SUBMIT TO A PHYSICAL EXAMINATION TO DETERMINE MY FITNESS FOR THE WORK TO BE PERFORMED.

OUR POLICY IS NOT TO EMPLOY INDIVIDUALS WHO USE ILLEGAL DRUGS OR PRESCRIPTION DRUGS WITHOUT A MEDICAL PRESCRIPTION, IN ANY AMOUNT, REGARDLESS OF FREQUENCY OR OCCASION. TO ENSURE THAT THIS POLICY IS ENFORCED, I MAY BE REQUIRED TO TAKE A DRUG SCREENING TEST AFTER A CONDITIONAL OFFER OF EMPLOYMENT IS MADE AND PRIOR TO BEGINNING WORK. THIS COMPANY WILL NOT DISCLOSE INFORMATION OBTAINED THROUGH THE DRUG SCREENING TEST EXCEPT (1) WHEN SUCH INFORMATION IS NEEDED BY PERSONS INVOLVED IN THE EMPLOYMENT DECISION, AND (2) WHEN SUCH DISCLOSURE IS REQUIRED BY LAW. IF NECESSARY, I AGREE TO PROVIDE A URINE SPECIMEN WITH THE UNDERSTANDING THAT THE SPECIMEN WILL BE USED TO TEST FOR THE PRESENCE OF ILLEGAL AND DANGEROUS DRUGS. I FURTHER AGREE THAT WHILE EMPLOYED BY THIS COMPANY, I WILL CONSENT TO DRUG AND ALCOHOL TESTING IN ACCORDANCE WITH COMPANY POLICY.

IF I AM EMPLOYED, I WILL FURNISH PROOF OF RIGHT TO WORK DOCUMENTS AS REQUIRED BY LAW. I UNDERSTAND THAT I MUST PRESENT MY DOCUMENTS BY THE THIRD DAY OF MY EMPLOYMENT. IF I DO NOT, I WILL NOT BE ABLE TO RETURN TO WORK UNTIL I DO SO.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY AND FURTHER AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE, AT THE OPTION OF EITHER THE COMPANY OR MYSELF. I UNDERSTAND THAT NO REPRESENTATIVES OF THE COMPANY, OTHER THAN THE PRESIDENT, CEO, OR OWNER HAS ANY AUTHORITY TO ENTER INTO ANY SUCH AGREEMENT CONTRARY TO THE FOREGOING. FURTHERMORE, I UNDERSTAND AND AGREE THAT ANY SUCH AGREEMENT ENTERED INTO BY THE PRESIDENT, CEO, OR OWNER WILL NOT BE ENFORCEABLE UNLESS IT IS IN WRITING.

YOUR PRIVACY IS IMPORTANT TO OUR COMPANY. PLEASE DO NOT LEAVE YOUR APPLICATION WITH ANYONE NOT DIRECTLY RESPONSIBLE FOR REVIEWING THIS APPLICATION.

I CERTIFY BY MY SIGNATURE THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL TERMS AS STATED ABOVE.

APPLICANT'S SIGNATURE

DATE

FOR PERSONNEL DEPARTMENT USE ONLY

ARRANGE INTERVIEW: YES NO

REMARKS: _____

EMPLOYED: YES NO **DATE OF EMPLOYMENT:** _____

INTERVIEWER _____ DATE _____

JOB TITLE: _____ **HOURLY RATE/SALARY:** _____

DEPARTMENT: _____

BY: _____
NAME AND TITLE _____ DATE _____