EMAIL TO:

Conley, GA Employment

Dale Adams – Branch Manager

<u>dadams@partssouth.com</u>

or

Jason McCard – General Manager

<u>jmccard@partssouth.com</u>

Charlotte, NC Employment

Crystal Roseberry – Branch Manager
<u>croseberry@partssouth.com</u>
or
Jason McCard – General Manager
<u>imccard@partssouth.com</u>

or

FAX TO:

470-480-7955

Parts South Inc. **Application for Employment**

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

Applicant name (first, middle, last):	Date:			
Position(s) applied for:	Social Security Number:			
Address:	City: State: Zip: How Long:			
(Note: Last 3 years history required of driver applicants. Please use back of this page if needed to meet this requirement.)				
Telephone # : ()Date you will be available to start work:				
Are you over the age of 18?Positio	desired:Desired Salary:			
Have you worked for this company before? Are you able to meet the attendance requirements?				
Are you legally eligible for employment	n this country?Have you ever been convicted of a crime?			
If yes, please provide dates and details (a conviction will not automatically bar employment):				
Date of birth (driver applicants only, CF)	How were you referred to us?			
Type of employment desired:full time part-time temporary				
Employment History				
Provide all employment information for the past ten years starting with the most recent employer. Continue on				
the back of the application if there is insu	ficient space available.			
Employon	Position :			
Address:	Telephone #:			
Dates employed: from				
Immediate supervisor and title:	May we contact for reference?			
Job summary:	nmary: Reason for leaving:			

Employer:	Position :
Address:	Telephone #:
Dates employed: from	to
Immediate supervisor and title:	May we contact for reference?
Job summary:	Reason for leaving:
	Position :
Address:	Telephone #:
Dates employed: from	to
Immediate supervisor and title:	May we contact for reference?
-	
Other Skills and Qualification Summarize driving experience qualifications:	Reason for leaving: ns (drivers), job-related training, skills, licenses, certificates, and/or
Other Skills and Qualification Summarize driving experience qualifications: Educational History	(drivers), job-related training, skills, licenses, certificates, and/or
Other Skills and Qualification Summarize driving experience qualifications: Educational History List school name and location, year	(drivers), job-related training, skills, licenses, certificates, and/or or or completed, course of study, and any degrees earned:
Other Skills and Qualification Summarize driving experience qualifications: Educational History List school name and location, year	(drivers), job-related training, skills, licenses, certificates, and/or ears completed, course of study, and any degrees earned:
Other Skills and Qualification Summarize driving experience qualifications: Educational History List school name and location, year High School: College:	(drivers), job-related training, skills, licenses, certificates, and/or ars completed, course of study, and any degrees earned:
Other Skills and Qualification Summarize driving experience qualifications: Educational History List school name and location, year High School: College: Technical Training:	(drivers), job-related training, skills, licenses, certificates, and/or ears completed, course of study, and any degrees earned:
Other Skills and Qualification Summarize driving experience qualifications: Educational History List school name and location, year High School: College: Technical Training:	(drivers), job-related training, skills, licenses, certificates, and/or ears completed, course of study, and any degrees earned:
Other Skills and Qualification Summarize driving experience qualifications: Educational History List school name and location, year High School: College: Technical Training: Other: Driving History (driver applie	(drivers), job-related training, skills, licenses, certificates, and/or ears completed, course of study, and any degrees earned:
Other Skills and Qualification Summarize driving experience qualifications: Educational History List school name and location, year High School: College: Technical Training: Other: Driving History (driver applied of the content	(drivers), job-related training, skills, licenses, certificates, and/or enters completed, course of study, and any degrees earned:

If yes, explain:				
References List three references names, telephone numbers, and years known	own (do not inclu	de relatives or employers):		
General Information Are you on layoff and subject to recall?	What company?_			
Have you served in the military?	When ?	What branch?		
What skills did you learn?				
Have you ever been counseled with, disciplined, or discharged				
() violation of safety rules?() bringing weapons on company property?()) fighting with sexual, racial,	or threatening a fellow employee? , or other treatment?		
Explain any boxes checked:				
Applicant Statement: I certify this application was completed by knowledge.	me, and all entries	are true and complete to the best of my		
I hereby authorize the potential employer to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives from seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.				
If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and / or Company medical examination or inquiry.				
If am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at anytime so long as there is no violation of applicable federal or state law.				
I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within thre days of being hired. Failure to submit such proof within the required time can result in immediate termination of employment.				
I have read, fully understand and accept all terms of the Applicant Statement.				
Signature of Applicant	Date	:		