



Seattle Automotive Distributing, Inc.
 204 H Street N.W., Auburn, WA 98001
Application for Employment

Seattle Automotive Dist., Inc. is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, national origin, age, gender, disability, or any other status protected by law or regulation. It is our intent that all qualified applicants are given equal opportunity and that selection decisions are based on job-related factors. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination upon non-job-related information.

GENERAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	PHONE:	TODAY'S DATE
PRESENT ADDRESS	CITY	STATE	ZIP	
PERMANENT ADDRESS	CITY	STATE	ZIP	
WILL VISA OR IMMIGRATION STATUS PREVENT LAWFUL EMPLOYMENT? YES NO				E-MAIL ADDRESS Seattle Automotive's Drug & Alcohol Policy: Prospective employees will be asked to submit a drug test once a conditional offer of employment has been extended & accepted. The condition for prospects is to test negative for illegal substances.

EMPLOYMENT DESIRED - PLEASE INDICATE THE POSITION(S) DESIRED OR THE CATEGORY OF WORK FOR WHICH YOU ARE APPLYING		ARE YOU ABLE TO WORK:		IDENTIFY ANY TRAVEL RESTRICTIONS:
POSITION(S) APPLIED FOR:		FULL TIME		
DRIVER	COUNTER	PART TIME		
WAREHOUSE	OFFICE			

EDUCATION

NAME OF SCHOOL	LOCATION	DID YOU GRADUATE?	SUBJECT(S) STUDIED AND DEGREES RECEIVED
HIGH SCHOOL		YES NO	
COLLEGE		YES NO	
GRADUATE SCHOOL		YES NO	

LIST ANY SPECIFIC TRAINING, SKILLS AND EXPERIENCE, AS WELL AS LICENSES AND CERTIFICATIONS WHICH YOU FEEL COULD BE USED:

EMPLOYER SECTION:

EMPLOYMENT RECORD - LIST LAST EMPLOYERS, STARTING WITH THE LAST OR CURRENT ONE FIRST

NAME OF CURRENT OR LAST EMPLOYER:		COMPANY PHONE NUMBER	TYPE OF WORK:	EMPLOYMENT DATES (MO/YR)
ADDRESS:		MAY WE CONTACT? YES NO		FROM: TO:
CITY	STATE ZIP	PERSON TO CONTACT:		REASON(S) FOR LEAVING:
NAME OF NEXT TO LAST EMPLOYER:		COMPANY PHONE NUMBER	TYPE OF WORK:	EMPLOYMENT DATES (MO/YR)
ADDRESS:		MAY WE CONTACT? YES NO		FROM: TO:
CITY	STATE ZIP	PERSON TO CONTACT:		REASON(S) FOR LEAVING:
NAME OF SECOND TO LAST EMPLOYER:		COMPANY PHONE NUMBER	TYPE OF WORK:	EMPLOYMENT DATES (MO/YR)
ADDRESS:		MAY WE CONTACT? YES NO		FROM: TO:
CITY	STATE ZIP	PERSON TO CONTACT:		REASON(S) FOR LEAVING:
NAME OF THIRD TO LAST EMPLOYER:		COMPANY PHONE NUMBER	TYPE OF WORK:	EMPLOYMENT DATES (MO/YR)
ADDRESS:		MAY WE CONTACT? YES NO		FROM: TO:
CITY	STATE ZIP	PERSON TO CONTACT:		REASON(S) FOR LEAVING:
NAME OF NEXT TO LAST EMPLOYER:		COMPANY PHONE NUMBER	TYPE OF WORK:	EMPLOYMENT DATES (MO/YR)
ADDRESS:		MAY WE CONTACT? YES NO		FROM: TO:
CITY	STATE ZIP	PERSON TO CONTACT:		REASON(S) FOR LEAVING:
NAME OF NEXT TO LAST EMPLOYER:		COMPANY PHONE NUMBER	TYPE OF WORK:	EMPLOYMENT DATES (MO/YR)
ADDRESS:		MAY WE CONTACT? YES NO		FROM: TO:
CITY	STATE ZIP	PERSON TO CONTACT:		REASON(S) FOR LEAVING:

ALL ANSWERS AND STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THE INFORMATION MAY BE VERIFIED, AND THAT UNTRUTHFUL OR MISLEADING ANSWERS ARE CAUSE FOR REJECTION OF THIS APPLICATION OR DISMISSAL IF EMPLOYED. If employed, all employment & compensation is "at will" which means that your employment can be terminated with or without cause, and with or without notice at any time, at the option of either the Company or yourself, except as otherwise provided by law. I understand that successful completion of drug testing is a condition of employment. I authorize you to communicate with listed references and to obtain a background check.

SIGNATURE

DATE