

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:		<p align="center">Seattle Automotive's Drug & Alcohol Policy:</p> 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.					
<p>EMPLOYMENT DESIRED - PLEASE INDICATE THE POSITION(S) DESIRED OR THE CATEGORY OF WORK FOR WHICH YOU ARE APPLYING</p> POSITION(S) APPLIED FOR: _____ ARE YOU ABLE TO WORK: _____ IDENTIFY ANY TRAVEL RESTRICTIONS: _____ DRIVER COUNTER FULL TIME WAREHOUSE OFFICE PART TIME									
<p>EDUCATION</p> NAME OF SCHOOL LOCATION DID YOU GRADUATE? SUBJECT(S) STUDIED AND DEGREES RECEIVED HIGH SCHOOL YES NO COLLEGE YES NO									
LIST ANY SPECIFIC TRAINING, SKILLS AND EXPERIENCE, AS WELL AS LICENSES AND CERTIFICATIONS WHICH YOU FEEL COULD BE USED:									
<p>EMPLOYER SECTION:</p> Date of Hire _____ Starting Pay _____									

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:			

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