

# Seattle Automotive Distributing, Inc.

204 H Street NW, 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 upon 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?  <input type="checkbox"/> Yes <input type="checkbox"/> No	E-MAIL ADDRESS:	<p align="center"><b>Seattle Automotive's Drug &amp; Alcohol Policy</b></p> <p align="center">Prospective employees will be asked to submit a drug test once a conditional offer of employment has been extended &amp; 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

POSITION(S) APPLIED FOR:  <input type="checkbox"/> Driver <input type="checkbox"/> Counter <input type="checkbox"/> Warehouse <input type="checkbox"/> Office	ARE YOU ABLE TO WORK:  <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	IDENTIFY ANY TRAVEL RESTRICTIONS:
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### EDUCATION

NAME OF SCHOOL	LOCATION	DID YOU GRADUATE?	SUBJECT(S) STUDIED AND DEGREES RECEIVED
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		<input type="checkbox"/> YES <input type="checkbox"/> NO	

LIST ANY SPECIFIC TRAINING, SKILLS AND EXPERIENCE, AS WELL AS LICENSES AND CERTIFICATIONS WHICH YOU FEEL COULD BE USED:	EMPLOYER SECTION:
	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) TO
ADDRESS	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No		REASON(S) FOR LEAVING
CITY STATE ZIP	PERSON TO CONTACT		
NAME OF NEXT TO LAST EMPLOYER	COMPANY PHONE NUMBER	TYPE OF WORK	EMPLOYMENT DATES (MO/YR) TO
ADDRESS	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No		REASON(S) FOR LEAVING
CITY STATE ZIP	PERSON TO CONTACT		
NAME OF SECOND TO LAST EMPLOYER	COMPANY PHONE NUMBER	TYPE OF WORK	EMPLOYMENT DATES (MO/YR) TO
ADDRESS	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No		REASON(S) FOR LEAVING
CITY STATE ZIP	PERSON TO CONTACT		
NAME OF THIRD TO LAST EMPLOYER	COMPANY PHONE NUMBER	TYPE OF WORK	EMPLOYMENT DATES (MO/YR) TO
ADDRESS	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No		REASON(S) FOR LEAVING
CITY STATE ZIP	PERSON TO CONTACT		

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