

# EMPLOYMENT APPLICATION

## 1. Employer Information

Employer: Chesterfield Auto Parts  
Address: 5111 Old Midlothian Turnpike  
City/State/Zip: Richmond, VA 23224  
Telephone: 804-233-5481

It is the policy of Chesterfield Auto Parts Co Inc to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

## 2. Applicant Information

Today's Date: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
# of years at this address?: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

## 3. Emergency Contact - Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

4. Job position applied for: \_\_\_\_\_ PT or \_\_\_\_\_ FT?

5. Salary desired: \_\_\_\_\_ per hour \_\_\_\_\_

6. Who referred you to our company? \_\_\_\_\_

7. Have you applied to our company previously? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? \_\_\_\_\_

8. Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

9. If you are offered employment, when would you be available to begin work?

\_\_\_\_\_

10. Do you have a current and valid driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No

11. Are you legally eligible for employment in the United States? \_\_\_\_ Yes \_\_\_\_ No

12. Are you able to perform the essential functions of the job position with or without reasonable accommodation?  
\_\_\_\_ Yes \_\_\_\_ No      What reasonable accommodation, if any, would you require?  
\_\_\_\_\_

13. Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (1 represents poor ability, while 5 represents exceptional ability.)

Skill	Years of Experience	Ability Rating
Typing		1 2 3 4 5
Microsoft Office Suite (Word, Exel, etc.)		1 2 3 4 5
Answering telephones		1 2 3 4 5
Customer service		1 2 3 4 5
Automotive Experience		1 2 3 4 5
Previous Mechanic Work		1 2 3 4 5
ASE Certified Mechanic		1 2 3 4 5
		1 2 3 4 5
		1 2 3 4 5

14. Applicant Employment History

**\*\*List your current or most recent employment first.**

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Dates of Employment (To & From Month & Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Dates of Employment (To & From Month & Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Dates of Employment (To & From Month & Year): \_\_\_\_\_

15. Applicant's Education and Training

- High School/GED Name and Address: \_\_\_\_\_  
Did you receive a degree? \_\_\_\_ Yes \_\_\_\_ No
- College/University Name and Address: \_\_\_\_\_  
Did you receive a degree? \_\_\_\_ Yes \_\_\_\_ No If yes, degree received: \_\_\_\_\_
- Other Training (graduate, technical, vocational): \_\_\_\_\_
- Awards, Honors, Special Achievements: \_\_\_\_\_
- Military Service? \_\_\_\_ Yes \_\_\_\_ No Branch: \_\_\_\_\_  
Specialized training: \_\_\_\_\_

16. References

List any two people who would be willing to provide a reference for you.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

17. Please provide any other information that you believe should be considered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Chesterfield Auto Parts to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE