## **JERRY BROWN'S AUTO PARTS CENTER**

26 LOWER WARREN STREET, QUEENSBURY, NY 12804

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. Equal access to employment, services, and programs is available to all persons. Those applications requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

## **EMPLOYMENT APPLICATION**

			DATE:		
POSITION APPLYING  DISMANTLER	FOR:  □ DELIVERY DRIVER	☐ UPS CLERK	□ WAREHOUSE		
☐ COUNTER/SALES	☐ MECHANICS HELPER	□ FULL-TIME	□ PART-TIME		
NAME:					
ADDRESS:					
CITY:	STATE:	ZIP CODE:			
PHONE: HOME()	OVER 18	: 🗆 YES 🗆 NO			
CELL:()	IF NOT 18 - AGE:				
DESIRED SALARY:	DRIVER'S	LICENSE #			
HOW DID YOU HEAR ABOUT	T THIS OPENING?  RADIO	□ NEWSP	'APER AD		
	☐ JBAP EM	PLOYEE   OTHER			
DATE AVAILABLE TO START	Γ WORK:YEARS (	OF EDUCATION:			
ARE YOU CURRENTLY EMP	LOYED?   YES   NO				
MAY WE CONTACT YOUR C	CURRENT EMPLOYER?   YES	□NO			
IF APPLYING FOR DISMANT	LERS OR MECHANIC HELPER	<u>S</u> :			
DO YOU HAVE A GOOD SEL	ECTION OF HAND AND AIR TO	OOLS TO PERFORM	THIS JOB?		
HAVE YOU BEEN PREVIOUS	SLY EMPLOYED HERE?   YES	□ NO IF YES, REAS	ON FOR LEAVING AND		
DATES EMPLOYED					
	ED OF A CRIME IN THE LAST 7		NO		
DO YOU HAVE COMPUTER	EXPERIENCE?  YES  NO P	LEASE LIST THE CO	MPUTER PROGRAMS		
YOU HAVE USED					
EMPLOYMENT HISTO					
1. Employer:	Pos	sition:			
•	Supervisor:				
	Salary: [				
Reason for leaving:					
	Po:				
Address:	Supervisor:				
	Salary: [				
Reason for leaving:	·				

Telephone:			
	Salary:_		
Reason for leaving:		Date employed:	: to
Cummarize any job related tre	vining akilla li	sonoo cortificates and /or s	other qualifications.
Summarize any job-related tra	aining, skiiis, ii	censes, certificates and /or c	otner qualifications:
PERSONAL REFERENCE	ES (People	e who have knowledge	of your work
performance within the	last four y	ears):	
NAME		RELATIONSHIP	PHONE #
1			
2			
3			05.00 PAVO
THIS APPLICATION WILL BE	CONSIDER	ED ACTIVE FOR A PERIOD	OF 30 DAYS
I hereby authorize the potential er application from all previous emp liability the potential employer and employment decisions and all oth	loyers, education dits representa	onal institutions, and references tives for seeking, gathering, and	. I also hereby release from I using such information to make
I understand that any misrepreser cause for cancellation of this app may be discovered.			
If I am employed, I acknowledge t constitute an agreement or contra relationship at will, with or withou law.	act for employm	ent. Accordingly, either the emp	oloyer or I can terminate the
I understand that it is the policy o qualified individual with a disabili the ADA.			
I also understand that if I am emp authorization within three days of immediate termination of employ	being hired. F		
I represent and warrant that I have these conditions.	e read and fully	understand the foregoing, and t	hat I seek employment under
SIGNATURE:		DATE:	

FOR OFFICE USE ONLY: