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PAP INCORPORATED

392 Providence Road - P.O. Box 753 Brooklyn, CT 06234 Brooklyn 860-774-5472 / Plainfield 860-564-2796

www.papnapa.com

Application for Employment

First Name Last Name			Social Security Number		Telephone ()					
Physical Address		Mailing Address (if different) City		City	State	Zip Code				
Date of Application	Are you over 18 year	s of age or older?	Check all stores you wish to be considered for: NAPA Auto Parts in: Brooklyn □ Plainfield □							
What position(s) are you applying for (check all that apply): NAPA Auto Parts Customer Sales & Service □ Delivery, Stockroom & General Duties □ Sales Floor Merchandising & Maintenance □										
All positions require that employees be legally able to drive a Company vehicle. Please provide the following information concerning your legal diving status: Driver's license number: State of issue: Exp date: Infractions in last 3 years:										
Are you interested in	: Full time□ Part ti	me□ Either □		Earliest date you are available Salary desired? to start?						
Are you employed now? If yes, with whom? If so, may we contact your present employer for reference information?										
Indicate what hours of each day of the week you are available for work? Sun Mon Tue Wed Thu Fri Sat										
Sun Mon Tue Wed Thu Fri Sat Have you ever applied to this company before? If so, when? Have you ever been employed by this company? If so, when and what was your reason for leaving?										
How were you referred to us? Walk in □ Newspaper Ad□ Radio Ad □ In-store Sign □ Friend/Relative □ PAP Auto Facebook page □ PAP Auto website □ Employment Agency □ Other□										
High School	ame / Location of scho	<u>ol</u>	Number	of years attended		ou graduate?				
Any subjects of special study that may specifically relate to the position(s) you are applying for? Explain:										
			al Reference							
Name	n below, listing three p <u>Complete mail</u>		o you wnom	you have known for at l Business/Profe		's: <u>Years known</u> ?				
Military Service Record Branch of Service: Rank attained: Discharge Status:						S:				
•	convicted of a felony? n (this will not necessa			ion):						
•	have you ever had a	•	_	gainst a former employe	r? Yes □	No 🗆				

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Continued from other side

LIST PREVIO	OUS EI	MPLOYERS- LIST IN O	RDER	BEGINNING V	WITH THE MOST RECE	ENT
Name of present or last employe		Name of Supervisor		Titl		E-mail address
Mailing address	City		State	Zip	Phone	Fax
Starting date Leaving date			End	ting	Hourly 1 Woold	
Describe your job duties and the	reaso	n why you left:	End	<u>.</u>	Hourly Weekl	y '
Name of previous employer	Name of Supervisor			Titl	e	E-mail address
Mailing address	City		State	Zip	Phone	Fax
Starting date Leaving date	Po	osition Title Salar		ting	Hourly JylkeeW	
Describe your job duties and the	reaso	n why you left:	End	ing	Hourly Weekl	y
Name of previous employer		Name of Supervisor		Titl	е	E-mail address
Mailing address	City		State	Zip	Phone	Fax
Starting date Leaving date	Po	sition Title Salar	y – Star End	ting	Hourly fylkeeW Hourly f Weekl	ı ()
Describe your job duties and the	reasor	n why you left:	LIIC	g		y '
AFFIRM	ИАТІС	N OF INFORMATION	ON AN	ID TERMS	OF EMPLOYMENT	
I hereby affirm that the informa any falsification or omission will with this application concerning background, my criminal record personal interviews with third peneighbors, or others with whom reasonable period of time for a con-	be imning my, and marties, son I am	nediate ground for dism character, general re node of living, whichever such as prior employers acquainted. I further u	nissal. I eputatior r my be s, family ndersta	authorize a that, personal of applicable I had members, but that I have	orough investigation to characteristics, employr hereby authorize the rele usiness associates, final the right to make a w	be made in connection ment and educational ease of documents and ancial sources, friends written request within a
If I am hired, I agree that my entime, at the option of this compacompany has the authority to enagreement contrary to the foreg	any or m	nyself. I understand that	t no ma	nager or other	representative other that	an the president of this
I have read and affirm as my ow	n the a	bove statement.				
Signature of applicant		Date				