



AL'S AUTOMOTIVE SUPPLY  
1217 Camp Jackson Road • Cahokia, IL 62206  
(618) 337-3967



**APPLICATION FOR EMPLOYMENT**

Al's Location: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail: \_\_\_\_\_

Social Security # \*: \_\_\_\_\_ Date of Birth:\* \_\_\_\_\_

*\* For identification purposes only.*

Driver's License #: \_\_\_\_\_ Phone \_\_\_\_\_

What is the Highest Level of Education that You've Completed? \_\_\_\_\_

**Previous Employment:**

Employer Name: _____ Start Date _____ End Date _____
Employer Address: _____
Supervisor Name: _____ Phone #: _____
Brief Job Description: _____
Employer Name: _____ Start Date _____ End Date _____
Employer Address: _____
Supervisor Name: _____ Phone #: _____
Brief Job Description: _____
Employer Name: _____ Start Date _____ End Date _____
Employer Address: _____
Supervisor Name: _____ Phone #: _____
Brief Job Description: _____

**Personal References: Please list 3 non-relatives**

Name: _____ Phone # _____
Address: _____
Name: _____ Phone # _____
Address: _____
Name: _____ Phone # _____
Address: _____

**Our normal business hours are: Monday-Friday 8:00 AM - 6:00 PM & Saturday 8:00 AM - 4:00 PM**

Would you be available to work during these hours? \_\_\_\_\_

Please explain \_\_\_\_\_  
\_\_\_\_\_

**Would you be able to perform the following tasks which are required for this job?**

1. Lift 50 pounds, repeatedly:    \_\_\_\_\_ Yes    \_\_\_\_\_ No
2. Work an 8 hour shift?        \_\_\_\_\_ Yes    \_\_\_\_\_ No

**Have you had any accidents or driving citations within the past five years? *If yes, explain:***

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

**Please briefly list why you are seeking this position with our company and a goal you have for yourself in the long run.**

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

*Al's Automotive Supply, Inc. is an "At Will" employer. Al's Automotive Supply, Inc. may terminate this relationship at any time, for any reason, with or without cause or notice.*

*At some point, you will be asked to take a drug test. By signing below, you are giving your consent to the random drug test. Also, by signing below, you assert that the information supplied on this form is accurate and complete. Any misinformation or omissions are grounds for denial of employment or subsequent discharge. Any offer and continuation of employment is subject to applicant's motor vehicle record meeting insurance company eligibility requirements.*

*Your signature below also means you consent to Al's Automotive Supply performing a background check, including court record search, for the purpose of employment.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please, include a copy of your driver's license with this application.**

# MOTOR VEHICLE RECORD REQUEST

---

---

Company Name: AI's Automotive Supply, Inc. AI's Location: \_\_\_\_\_

Fax#: 618-337-2380 Phone#: 618-337-1364 Date Sent: \_\_\_\_\_

**Important:** Do not allow new hires or potential hires to drive any autos until MVR information and approval to drive is received.

## **Driver Information:**

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

Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Job Description: \_\_\_\_\_

Has the driver held a driver's license in another state in the last 3 years? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

## **AUTHORIZATION FOR COMPANY TO OBTAIN A DRIVER'S LICENSE REPORT**

In compliance with the Fair Credit Reporting Act, we hereby notify you that for employment purposes, we may request a consumer report in connection with your application for employment or in connection with your employment. It is our normal practice to limit the consumer report to driving records available from the appropriate state departments or motor vehicles.

I voluntarily authorize \_\_\_\_\_ to obtain a consumer report for the purposes of business insurance underwriting. I acknowledge that \_\_\_\_\_ is not my employer or prospective employer and will not make any employment decision relating to me. I understand and agree that I can revoke this authorization only in writing and the revocation will be effective only upon receipt.

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE: RESULTS MAY TAKE UP TO 3 BUSINESS DAYS**

Customer Care Center Representative: \_\_\_\_\_