



4410 W Central Ave. Wichita, KS 67212 (316) 942-8285 Fax (316) 946-0424

Application for Employment

Personal Information

Date _____ Social Security # _____

Name _____ Age _____ Sex _____
Last First Middle

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Phone # _____ Own Home _____ Rent _____ Board _____

Married _____ Single _____ Widowed _____ Divorced _____ Separated _____

Number of children _____ Other Dependents _____ U.S. Citizen _____

Existing Employee Relation? Referred
Please Name _____ By _____

Employment Desired

Position _____ Start Date _____ Desired Salary _____

Are You Employed Now? _____ May We Contact Employer? _____

Ever Applied to This Company Before? _____ Where? _____ When? _____

References

Name	Address	Business	Years Known

Education

	Name and Location	Years Attended	Date Graduated	Subjects Studied
Grammar School				
High School				
College				
Trade, Business, Other				

Subjects of Special Study or Research _____

What Foreign Languages Do You Speak Fluently? _____ Read _____ Write _____

U.S. Military or Naval Service _____ Rank _____

Member of National Guard or Reserves _____

Activities Other Than Religious
(Civic, Athletic, Fraternal) _____

Exclude organizations, the name or character of which indicates race, creed, color or national origin of it's members

Employment History

List Below Last Four Employers, Starting With Last One First

Date Month and Year	Name and Address	Salary	Position	Reason for Leaving
From To				
From To				
From To				
From To				

Physical Record

List Any Defects _____

Were You Ever Injured? _____ Give Details _____

Have You Any Defects In Hearing? _____ In Vision? _____ In Speech? _____

In Case Of Emergency Notify _____
Name Relation Phone #

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for immediate dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

Date _____ Signature _____

Motor Vehicle Record Request

From Dave Jacobs Business Name Automotive Supply Inc.
Fax # 316-946-0424 Phone # 316-942-8285 Date Sent _____

Driver Information

Name _____
Social Security # _____ Driver's License # _____
Date of Birth _____ Job Description _____

Company vehicle furnished for personal use? No
Will the vehicle be driven by anyone under the age of 25 No
Has the driver held a driver's license in any other state in the last 3 years _____

If the answer to any above question is yes, please explain _____

I hereby grant Automotive Supply Inc. to secure a Motor Vehicle Record on me.

Employer's Name Automotive Supply Inc. Address 4410 W Central Ave
City Wichita State KS Zip 67212
Signature _____ Date _____

Pursuant to the Fair Credit Reporting Act, we are unable to provide you with a copy of the motor vehicle record for the individual listed above, however we have a service that will allow the individual to secure a copy of the record. You can instruct the individual as follows:
1. Call Insurance Information Exchange (IIX) at 800-683-8553
2. Select option 8
3. IIX will fax a form to the requester
4. The requester shall complete the form and return it to IIX
5. Upon receipt of the completed form, IIX will mail the MVR to the requester, without charge. Only the driver can get this information. An employer or prospective employer cannot obtain the MVR