



Please fill out this application neatly and completely. Thank you.

APPLICANT INFORMATION

NAME _____ DATE _____

ADDRESS (First) _____ (Middle) _____ (Last) _____ HOME PHONE # _____

(Street) _____ (Apt.) _____ DAYTIME MESSAGE# _____

(City) _____ (State) _____ (Zip) _____ CELL # _____

OTHER NAMES WORKED UNDER _____ DRIVERS LICENSE # _____ STATE _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO CITIZENSHIP U.S. OTHER Acceptable Starting Wage/Salary _____

Do you have a valid Pennsylvania Driver's License? YES NO Can you be lawfully employed in this country? YES NO E-Mail: _____

Have you ever been employed by National Auto Stores? YES NO Previous position(s)/Location(s) _____

Which National Auto Stores location are you interested in? _____ What interests you about working for National Auto stores? _____

Position(s) for which you are applying (check all that apply): FT Sales FT Cashier PT Sales PT Cashier Management Training Driver Commercial Sales Stock

If you are interested in part time, indicate minimum hours _____ and maximum hours _____ available per week.

WEEKDAYS AVAILABLE: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

WEEKNIGHTS AVAILABLE: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

EMPLOYMENT HISTORY (Include Military Service)

Please fill out this section completely and begin with the most recent employer.

EMPLOYED BY _____ Employed From _____ Starting Position FT PT Starting Salary _____

Phone Number: _____ May We Contact? YES NO Employed To _____ Ending Position FT PT Ending Salary _____

Address _____ City _____ State _____ Zip Code _____

Supervisor (Name & Title) _____ Reason for Leaving: _____

Responsibilities and Accomplishments: _____

EMPLOYED BY _____ Employed From _____ Starting Position FT PT Starting Salary _____

Phone Number: _____ May We Contact? YES NO Employed To _____ Ending Position FT PT Ending Salary _____

Address _____ City _____ State _____ Zip Code _____

Supervisor (Name & Title) _____ Reason for Leaving: _____

Responsibilities and Accomplishments: _____

EMPLOYED BY _____ Employed From _____ Starting Position FT PT Starting Salary _____

Phone Number: _____ May We Contact? YES NO Employed To _____ Ending Position FT PT Ending Salary _____

Address _____ City _____ State _____ Zip Code _____

Supervisor (Name & Title) _____ Reason for Leaving: _____

Responsibilities and Accomplishments: _____

EMPLOYED BY _____ Employed From _____ Starting Position FT PT Starting Salary _____

Phone Number: _____ May We Contact? YES NO Employed To _____ Ending Position FT PT Ending Salary _____

Address _____ City _____ State _____ Zip Code _____

Supervisor (Name & Title) _____ Reason for Leaving: _____

Responsibilities and Accomplishments: _____

SKILLS AND KNOWLEDGE (Indicate areas of experience & expertise)

RETAIL & AUTOMOTIVE	DISTRIBUTION & DRIVING	OFFICE & COMPUTER
<input type="checkbox"/> CASHIER	<input type="checkbox"/> FORKLIFT	<input type="checkbox"/> DATA ENTRY
<input type="checkbox"/> SALES	<input type="checkbox"/> MANUAL TRANSMISSION	<input type="checkbox"/> FILING
<input type="checkbox"/> CUSTOMER SERVICE	<input type="checkbox"/> MEDIUM TRUCK	<input type="checkbox"/> E-MAIL
<input type="checkbox"/> STOCKING	<input type="checkbox"/> ORDER PROCESSING	<input type="checkbox"/> WORD PROCESSING
<input type="checkbox"/> RETAIL MANAGEMENT	<input type="checkbox"/> SHIPPING	<input type="checkbox"/> SPREADSHEET PROGRAMS
<input type="checkbox"/> AUTO ELECTRONICS		
<input type="checkbox"/> BRAKE & HYDRAULIC		
<input type="checkbox"/> TUNE-UP		
<input type="checkbox"/> CLUTCH		
<input type="checkbox"/> MINOR ENGINE REPAIR		
<input type="checkbox"/> IGNITION		
<input type="checkbox"/> EMISSIONS		
<input type="checkbox"/> CARB & FUEL INJECTION		
<input type="checkbox"/> ENGINE INTERNAL REPAIR		
<input type="checkbox"/> HI-PERFORMANCE		

EDUCATION AND TRAINING

HIGH SCHOOL NAME _____ CITY _____ STATE _____ Did you graduate? YES NO
MAJOR _____ GRADE POINT AVERAGE _____ DEGREE OBTAINED _____

COLLEGE NAME _____ CITY _____ STATE _____ Did you graduate? YES NO
MAJOR _____ GRADE POINT AVERAGE _____ DEGREE OBTAINED _____
From Year _____ To Year _____

OTHER SCHOOLS _____ CITY _____ STATE _____ Did you graduate? YES NO
MAJOR _____ GRADE POINT AVERAGE _____ DEGREE OBTAINED _____
From Year _____ To Year _____

DO YOU PLAN TO RETURN TO SCHOOL? YES NO IF YES, WHEN? _____ HOURS ATTENDING: _____

List other job related special training, certifications, skills, experience and/or activities that should be considered for placement (exclude those that indicate age, race, color, religion or national origin):

PERSONAL DATA

Is there anything that would preclude you from performing the job functions of the position for which you are applying? YES NO
If yes, explain: _____

Have you been convicted of a crime within the last seven years? YES NO NOTE: A conviction record will not necessarily bar individuals from employment.
If yes, explain: _____

Are you directly or indirectly involved in any business activity, financial relationship or investment that competes with National Auto, offers goods or services to National Auto, or purchases goods or services from National Auto Stores? YES NO
If yes, explain: _____

List any relatives or friends employed by National Auto Stores: _____

APPLICANTS STATEMENT

I understand that any misstatement, omission or misleading information given in my application or interview or in connection with other National Auto Stores records may result in the rejection of my application, the withdrawal of any offer of employment or my dismissal.

I authorize an investigation of all statements contained in this application for employment. I release from all liability and responsibility all persons and entities requesting or supplying information about any information provided on this application, including my present employer. I also authorize National Auto Stores to conduct a check into my criminal conviction record.

I understand that any employment by National Auto Stores, both during and subsequent to my introductory period, I will be an employee at-will which means that I can voluntarily end my employment or be terminated at any time without cause or notice. No statement, whether written or oral, by any National Auto Stores representative other than a written statement signed by the President may vary the foregoing.

SIGNATURE: _____ DATE: _____

NOTICE TO APPLICANTS REGARDING CONSUMER REPORTS AND INVESTIGATIVE CONSUMER REPORTS

This is to inform you that a consumer report and/or an investigative consumer report may be obtained as part of our procedure for processing your application. A consumer report means any written, oral or other communication by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, general reputation, personal characteristics or mode of living. An investigative consumer report means any information on your character, general reputation, personal characteristics or mode of living obtained through personal interviews with neighbors, friends or associates. Within a reasonable time, you may request in writing a disclosure of the nature and scope of the investigative credit report as well as a written summary of your rights under section 1681g of the Fair Credit Reporting Act. Before taking any adverse action based in whole or in part on a consumer report and/or investigative consumer report, National Auto Stores will provide you with a copy of the report, the name, address and telephone number of the reporting agency that furnished the report and a description of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

I hereby authorize National Auto Stores and its affiliated entities to obtain consumer reports and/or investigative consumer reports in connection with my application for employment and/or employment with Company. I authorize all former employers, listed references, law enforcement agencies and courts to release to the Company and/or their representatives information pertaining to me. By providing this authorization, I hereby release National Auto Stores, its affiliated entities, employees and agents from all liability for requesting and/or acting based on any such report and release all other parties from liability for furnishing such information.

SIGNATURE _____ DATE: _____

NAME (Please Print) _____