



768 Frelinghuysen Ave.  
Newark, NJ 07104

## **Continental Auto Parts Employment Application**

### **Harrisburg, Pennsylvania Location**

**801 Gibson Blvd Suite 102**

**Harrisburg, Pennsylvania 17104**

**Tel: (973) 621-0006 ext 67 or ext 58**

**Toll Free: (888) 368-7227**

**Fax: (973) 621-8687**

**Email: [HR@continentalparts.com](mailto:HR@continentalparts.com)**

**Please Send Completed Application to the Email Address  
or Fax Number Shown Above**

---

**Human Resources Department**

**Auto Body Parts  
& Accessories**

Tel: 973-621-0006  
Toll Free: 888-368-7227  
Fax: 973-621-8687  
[www.continentalparts.com](http://www.continentalparts.com)



## APPLICATION FOR EMPLOYMENT

### Personal Information

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

Name (Last, First, Middle) _____		Social Security # _____	
Address: _____	City _____	State _____	Zip Code _____
If Mailing Address is Different from Above _____		City _____	State _____ Zip Code _____
Home Number (____)____-____	Cell Phone (____)____-____	Referred By _____	
Are you 18 yrs old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a U.S. Citizen or Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever Been Convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, Please explain below (a conviction will not necessarily disqualify you from further consideration for employment):			
_____			
_____			
How did you learn of our Company? (If applicable, also list friends, family and their relationship to you.)			
_____			

### Position Desired

Position _____	Date You Can Start ___/___/___	Salary Desired _____
Available? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Will You Work Overtime, if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Employment

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If So, May we inquire your present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ever Applied to this Company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Where? _____ If Yes, When? _____

### Education History

Name & Location of School	Years Attended	Did you Graduate?	Subjects Studied	Degree Earned
Grammar School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		

**General Information**

Subjects of Special Study/Research  
Work or Special Training/Skills

U.S. Military Service:    \_\_\_ Yes    \_\_\_ No

If Yes, What Rank? \_\_\_\_\_

**Former Employers** (List Below Last Four Employers, Starting With Last One First)

Date Month and Year	Name & Address of Employer	Salary	Position	Reason For Leaving	Supervisor Contact information
From					Name:
To					Phone#:
From					Name:
To					Phone#:
From					Name:
To					Phone#:
From					Name:
To					Phone#:

**References** Give Us Three Names Of People Not Related To You, A Teacher/Professor Or Previous Employers

Name	Address	Business Name	Telephone	Years Known

**Authorization**

“I certify that the facts contained in this application are accurate and complete to the best of my knowledge. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military, ancestry, religion falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contract to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Sign if you agree to these terms above.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorize Company Personnel Only

Location: NJ    LF    RO    BK    SJ    MH    PA

**Remarks**


Character _____		Ability _____	
Schedule _____		Salary Wages _____	
Hired _____	Dept. _____	Position _____	Will Report _____

**Approved By:**

1. \_\_\_\_\_  
    Employment Manager

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

2. \_\_\_\_\_  
    Department Head

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

3. \_\_\_\_\_  
    General Manager

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



**Request for Previous Employer's Information  
Phone Verification Form**

Requested from: \_\_\_\_\_

Information By: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ S.S. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

1. Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ as \_\_\_\_\_  
Position/Title

2. Type of motor vehicle operated for your company (Circle one below)?  
( Straight Truck / Tractor- Semi- trailer / Bus / None / Other: \_\_\_\_\_ )

3. Was Driver a "Safe Driver" (Circle)? ( Yes / No )

4. **Reason Driver Left?** ( Discharged / Resignation / Laid Off / Military / Other: \_\_\_\_\_ )

5. General Conduct:  
\_\_\_ Satisfactory \_\_\_ Other (Please Specify): \_\_\_\_\_

6. Please provide history of driver's past record, if available for the past three years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**Drug Testing**

Under the requirement of 49 CFR 382.413 (b) the following information is requested:  
Within the past 2 years has this driver:  
1) Tested positive for controlled substances as prohibited under code 49 CFR? ( Yes / No )  
2) Had an alcohol test showed a B.A.C. result of 0.04 or greater? ( Yes / No )  
3) Refused to be tested under Part 382 when required? ( Yes / No )

I authorize the release of the above information as required under 49 CFR Part 382.

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Carrier refused to provide information on driver's previous employment under 391.23 ( Yes / No )

Carrier refused to provide information on Driver's Drug and Alcohol test by phone after release has been faxed. ( Yes / No )



### Motor Vehicle Record Request

Location: NJ LF RO BK SJ MH PA

ATTN: Administrative Dept.  
Business Name: Continental Auto Parts  
768 Frelinghuysen Ave.  
Newark, NJ 07114

Employee Name: \_\_\_\_\_  
Last First Middle Initial

Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_ hereby grant Continental Auto Parts permission to check up my Motor Vehicle Record.  
(Name)

Please sign below if you understand and agree to let the company check your motor vehicle record.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## AUTHORIZATION FOR BACKGROUND CHECK

I have read and understand the foregoing Disclosure and authorize **CONTINENTAL AUTO PARTS** to obtain and rely upon consumer reports or investigative consumer reports concerning me. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature  
(for searches conducted on minors under  
the age of 18)

\_\_\_\_\_  
Date

INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN CALIFORNIA, MINNESOTA, AND OKLAHOMA

- You may request a free copy of any consumer report or investigative consumer report we obtain on you by checking the box.**

INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN MASSACHUSETTS AND NEW JERSEY

- By checking this box, you are acknowledging that you have been informed of your right to request a copy of the investigative consumer report we obtained on you and you are exercising your right to obtain a copy of that report.**

