



768 Frelinghuysen Ave.
Newark, NJ 07104

Continental Auto Parts Employment Application

Pittsburgh, Pennsylvania Location

407 Parkway View Drive

Pittsburgh, Pennsylvania 15205

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

Toll Free: (888) 368-7227

Fax: (973) 621-8687

Email: 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



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.**



EMPLOYEE AUTHORIZATION PRIOR TO HIRE

I, _____, acknowledge and consent to Continental Auto Parts LLC to obtain the following items for consideration of employment.

- 1) Full Background Checks
- 2) Prior Employer Checks
- 3) Reference Checks
- 4) Pre-Placement Physical Medical Exam
- 5) Drug Test

Employee's Name (Print)

Driver's License Number

Employee's Signature Date

Reviewer's Signature Date

(Sign and retain the original copy in the employee's file)