



## Packer Norris Parts Employment Application

This application is accepted without regard to race, creed, color, sex, religion, age, sexual preference, national origin, physical or mental handicap or veteran status. The receipt of this application does not mean that Packer Norris Parts has job openings, and does not obligate Packer Norris Parts in any way. We appreciate your placing this application with us.

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing information may not be considered for any position.

Position Applying For:	Name (Last, First, Middle):	Other names under which you have attended school or been employed:
Street Address:		City, State & Zip:
Social Security Number:	Home Phone:	Work Phone:
		Other Phone:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?
What type of work are you seeking?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Will you work any shift?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, when can you work?
Are you willing to work overtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to work weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, can you start immediately?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, when can you start?
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, where and what is your current job title & department?
Have you ever been employed by Packer Norris Parts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:
Are you related to any current Packer Norris Part's employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:
If required for position, do you have any current moving violations or points added to your driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, state the reason and how many points.
How did you learn about a potential employment opportunity at Packer Norris Parts? Check all that apply:		
<input type="checkbox"/> Ad in newspaper	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Website
<input type="checkbox"/> Referral by employee	<input type="checkbox"/> Other:	

**I. EDUCATION**

Name of School	Address City/State	Did you graduate?	If Yes, date of Graduation	Major	Degree & Year
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
List other work experience and/or skills, knowledge, talents, business licenses, certifications, or other job related experience not covered elsewhere:					
Additional Comments that you feel would be important in our consideration of your application (for example, hobbies, scholastic or other honors, fluency in foreign languages):					

**II. SKILLS:** Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)


Note: The applicant hereby authorizes the facility to check all references and understands that false statements on this application may be considered sufficient cause for dismissal.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**III. CHARACTER REFERENCES: Persons you know well. Do NOT include relatives.**

Name	Occupation	Address & Phone	Years Known

**IV. WORK EXPERIENCE-** Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

**PLEASE NOTE:** Packer Norris Parts reserves the right to contact all current and former employers for reference information.

Dates Employed From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time  If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name:  Title:  Phone #:	Additional Reference Name:  Title:  Phone #	May we contact current employer?  <input type="checkbox"/> Yes  <input type="checkbox"/> No
Primary duties:		Reason for Leaving:
Dates Employed From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time  If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name:  Title:  Phone #:	Additional Reference Name:  Title:  Phone #	May we contact previous employer?  <input type="checkbox"/> Yes  <input type="checkbox"/> No
Primary duties:		Reason for Leaving:

**WORK EXPERIENCE CONTINUED**

Dates Employed From:            To		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:		Organization Name and Address:	
Final Salary:			
Supervisor's Name: Title: Phone #:		Additional Reference Name: Title: Phone #	May we contact previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary duties:			Reason for Leaving:
Dates Employed From:            To		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:		Organization Name and Address:	
Final Salary:			
Supervisor's Name: Title: Phone #:		Additional Reference Name: Title: Phone #	May we contact previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary duties:			Reason for Leaving:

**ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYEMENT WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, SEXUAL PREFERENCE, AGE, MILITARY BACKGROUND OR PHYSICAL INFIRMITY.**

**V. EMPLOYMENT APPLICATION SUPPLEMENT WAIVER**

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

**If you have been arrested for violating any law, place an X in the "YES" box below. A "YES" will not disqualify you for employment consideration. Do not designate "YES" for traffic violations unless applying for motor vehicle operation. If you have not been arrested for violating any law, place an X in the "NO" box below.**

Yes  No

**If you have been convicted or plead nolo contendere for violations, place an X in this box.**

**If you have responded with a "YES", explain arrest below, and include location, county and state, date, and the disposition.**

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

**I consent to Packer Norris Parts, LLC and its authorized representatives to obtain information concerning my prior criminal arrests, and I give consent to the appropriate authorities to provide information concerning my prior criminal arrests to Packer Norris Parts, LLC and its designated representatives for employment purposes.**

**I consent to Packer Norris Parts, LLC and its authorized representatives to obtain information concerning my motor vehicle driving record for employment purposes.**

**I have read, understood, and consent to the above statement and have made true, correct, and complete answers and statements on this application supplement in the knowledge that it will be relied upon in considering my application for employment, and understand that any omission, false answer or statement made by me on this application supplement, will be sufficient grounds for denying me employment and/or for my discharge.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VI. DRUG AND ALCOHOL POLICY**

**POLICY:** It is Company policy that employees are strictly prohibited from the use, possession, distribution, and manufacture of illegal drugs and/or alcoholic beverages on work premises, and while operating Company-owned or customer-owned vehicles. Employees are also prohibited from any use of such substances off premises, which result in their being under the influence of such substance at work. This policy is intended to protect the safety and best interests of all our employees and customers.

**TESTING:** In order to implement this policy effectively, the Company reserves the right to conduct drug and alcohol testing programs from time to time of the following: 1) Applicants for employment, 2) Any employee who appears to be under the influence and/or intoxicated, or where the Company has reason to believe that the employee may be violating the above policy, 3) Any employee involved in an accident or safety infraction of any kind.

**DISCIPLINARY ACTION:** Disciplinary action will be taken by the Company in the event of any of the following: 1) Violation of the policy stated above, 2) Positive test result reflecting the presence of an illegal drug and/or blood alcohol level of 0.07 or more, 3) Refusal to take a drug test and/or alcohol test. The Company reserves full discretion to determine the nature of the disciplinary action to be taken. Any of the above occurrences may result in the immediate termination of employment.

**ACKNOWLEDGEMENT:** By signing below, the employee/applicant acknowledges that 1) he/she has read and understands this DRUG AND ALCOHOL POLICY, 2) he/she has been given a copy, 3) The company retains the right to modify the Policy Statement at any time, and 4) additional information (Including a copy of the full Policy Statement) may be obtained from the business office.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## VII. STATE OF MARYLAND POLYGRAPH LAW

Under Maryland Law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test as an examination as a condition of employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.00

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## VIII. EMPLOYEE CERTIFICATION

I certify and I made true, correct and complete answers and statements on my employment application and any supplements to it and in any interview(s) in the knowledge that they will be relied upon in considering my application for employment.

I understand and agree that any omission, false or misleading statement or answer made by me on my application or any supplement to it or in any interview(s), will be sufficient grounds for rejection of employment, and my discharge after employment. I understand that I am required to abide by all rules and regulations of the employer.

I hereby consent and authorize Packer Norris Parts, LLC or its designated representative to investigate education, employment, personal credit, personal character, etc., as they may deem appropriate in arriving at any employment decision. I give consent to my educators, employers, and referenced to provide education, job-related information and personal character, etc., concerning me to Packer Norris Parts, LLC and its designated representative.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: You have the right to make written request, within a reasonable period of time, for complete disclosures of information concerning the nature and scope of the investigation.

## IX. EMPLOYEE AT-WILL NOTIFICATION

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with its relationship with this organization is of an "at-will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at-will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of the employer specifically acknowledges such change in writing.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## X. EMERGENCY CONTACT INFORMATION

In the event of any emergency, please notify: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_