

MILLER AUTO PARTS & SUPPLY CO., INC.
PO BOX 507
HUNTINGDON, PA 17066

APPLICATION FOR EMPLOYMENT

(Please Print)

Date of Application _____

Name _____ Social Security No. _____
Last First Middle

Present Address _____
Street City State Zip Code

How long have you lived in this city? _____ In this state? _____

Last Previous Address _____

Phone _____ Are you known to schools/references by another name? _____

If yes, by what name? _____

Are you a Citizen of the United States? Yes _____ No _____

If not, do you possess an Alien Registration Card? Yes _____ No _____

Are you available to work: Full Time _____ Part Time _____

Do you have any friends or relative employed here: Yes _____ No _____

If yes, list name(s) Name _____ Relationship _____

Name _____ Relationship _____

Are you at least 18 years old? Yes _____ No _____

IF UNDER 18 YEARS OF AGE, YOU WILL BE REQUIRED TO FURNISH A WORK CERTIFICATE AT TIME OF EMPLOYMENT.

In case of emergency, please notify:

Name Address

Phone: _____

Position(s) Applied for: _____

Who recommended you to us: _____

What are your Career Goals: _____

Brief description of qualifications: _____

Can you travel if a job requires it? Yes _____ No _____

Have you been Bonded? Yes _____ No _____

If Yes, for which Positions? _____

Are you a Veteran? Yes _____ No _____

If yes, what branch of Military Service? _____ Rank _____

EDUCATION

	Elementary	High School	College/University	Trade, Business, Correspondence
School Name				
Years Complete	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				

EMPLOYMENT EXPERIENCE

List each job held. Start with your Present or Last Job. Include Military Service Assignments and Volunteer Activities.

Employer	Dates
Address	From:
Job Title	To:
Supervisor	Hourly Rate / Salary
Work Performed	Starting:
Reason for Leaving	Final:
Employer	Dates
Address	From:
Job Title	To:
Supervisor	Hourly Rate / Salary
Work Performed	Starting:
Reason for Leaving	Final:
Employer	Dates
Address	From:
Job Title	To:
Supervisor	Hourly Rate / Salary
Work Performed	Starting:
Reason for Leaving	Final:
Employer	Dates
Address	From:
Job Title	To:
Supervisor	Hourly Rate / Salary
Work Performed	Starting:
Reason for Leaving	Final:

REFERENCES

List below the Name, Address and Phone Numbers of three References not related to you.

Do you have any objections if we check a former employer for a reference? Yes _____ No _____

What do you consider to be your:

Strong Points: _____

Weak Points: _____

In Compliance with Federal and State Equal Employment Opportunity Laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job-related medical condition or handicap.

I certify that the answers given herein are true and completed to the best of my knowledge.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Signature of Applicant

Date