

A.C.I. Parts Warehousing, Inc

330 32nd Street SE
Wyoming, MI 49548
Phone (616) 247-7771

616-247-7771 X14800

Employment Application (An Equal Opportunity Employer)

Date: _____

Name: _____ ACI Store Location _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Are you 18 years or older? Yes _____ No _____

Are you a U.S. citizen or otherwise eligible to work in the U.S.? Yes _____ No _____

EMPLOYMENT DESIRED:

Position: Counter _____ Office _____ Full Time _____
Warehouse _____ Delivery _____ Other _____ Part Time _____

Date you can start: _____ Salary desired: _____

Are you currently employed? Yes _____ No _____

If so may we inquire of your present employer? Yes _____ No _____

Ever applied to Parts Plus Auto Parts before? Yes _____ No _____

If so when? _____ Referred by: _____

FORMER EMPLOYERS: (List last three employers, beginning with the last employer first.)

Date - Month / Year	Name & Address of Employer	Position	Salary	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				

Which of these jobs did you like best? _____

What did you like most about this job? _____

REFERENCES: (List the names of three persons not related to you, whom you have known at least one year)

Name	Address	Telephone	Years Acquainted
1.)			
2.)			
3.)			

EDUCATION:

	Name and Location of School	No. of Years Attended	Did You Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade or Business School				

GENERAL:

Special Skills: _____

What is the general condition of your health? _____ Date of last physical _____

U.S. Armed Forced Service: Yes _____ No _____ Branch of Service _____ From _____ To _____

Have you ever been convicted of a crime? Yes _____ No _____ If yes explain: _____

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed by A.C.I. Parts Warehousing my employment maybe terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice at any time, at either my or the company's option. I understand and agree that the terms and conditions of my employment may be changed, with or without notice, and with or without cause, at any time by the company.

I further understand that no company representative, other than it's President and / or owner(s), and then only when in writing and signed by the President and / or owner(s), has any authority to enter into any agreement for employment for any specific time, or to make any agreement to the foregoing.

I also understand that positions in Delivery are dependent upon my insurability. And that my Motor Vehicle Records will be checked by our insurance carrier, who will determine my insurability. Excessive points or at fault accidents will result in my termination.

Date: _____ Signature: _____

In case of emergency notify: _____

Name

Telephone No.

Relationship to you

Do not write below this line

Interviewed by: _____ Date: _____

Remarks: _____

Neatness: _____ Ability: _____

Hired: Yes No Position: _____ Department: _____

Starting Date: _____ Approved: _____

ACI Parts Warehousing
330 32nd St.
Wyoming, MI, 49548
Angel 616-588-9054-Direct Phone
Angel 888-636-2313-Secure Fax



Motor Vehicle Record Information Authorization Form

First Name: _____ Middle Name: _____ Last Name: _____

Prior name(s): _____

Date of Birth: _____ Place of Birth: _____

Address: _____ City/State/Zip: _____

Phone number: _____

Attach a photo copy of Driver's License.

Please Read Carefully

We welcome your application with ACI Parts Warehousing, Inc.

From time to time, including pre-employment, ACI may obtain motor vehicle record information about an employee or applicant. ACI will use these reports for employment purposes.

We ask you to authorize ACI to obtain motor vehicle record information concerning you, directly from the State of Michigan. To do so, please sign the authorization statement below.

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AUTHORIZATION

I authorize ACI to request and obtain, from time to time, motor vehicle record information, to be used for employment purposes. A fax or photocopy of this authorization will have the same effect as the original.

Signature

Date