

# APPLICATION FOR EMPLOYMENT

## T&S Automotive Recycling, Inc.

3519 South State Street  
Lockport, IL 60441

T&S Automotive Recycling, Inc. is an equal opportunity employer and adheres to the principles and practices outlined in the Civil Rights Act of 1964 which prohibits discrimination in employment on the basis of race, sex, religion, or national origin and Public Law 90-202 which prohibits discrimination based on age.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Any offer of employment with this company is contingent on the applicant successfully taking and passing a medical examination and NIDA-5 employment drug test. Each question on this application must be answered completely, accurately and legibly. No action will be taken until all questions are answered.

### PERSONAL INFORMATION:

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
LAST FIRST MIDDLE  
**Home Telephone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_  
STREET UNIT #  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Do you have the legal right to work in the U.S.? \_\_\_\_\_

### Addresses for the past 3 years:

DATES	STREET ADDRESS	UNIT #	CITY	STATE	ZIP

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_  
**Driver's License Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_  
**Issuing State:** \_\_\_\_\_ **Endorsements:** \_\_\_\_\_ **Class:** \_\_\_\_\_

Have you ever been convicted of a crime other than moving violations, including DUI? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have been convicted, please state the offense, location, date and final disposition: \_\_\_\_\_

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Will you be able to pass a criminal background check? Yes \_\_\_\_\_ No \_\_\_\_\_

Position Applying For: \_\_\_\_\_ Expected Starting Salary: \$ \_\_\_\_\_

Have you ever applied to this company before? Yes \_\_\_ No \_\_\_ If yes, when and which terminal? \_\_\_\_\_

Have you ever worked for this company before? Yes \_\_\_ No \_\_\_ If yes, when and which terminal? \_\_\_\_\_

How did you hear about this position and/or company? \_\_\_\_\_

Are you presently employed? Yes \_\_\_ No \_\_\_

Have you ever been denied a drivers license, permit or the privilege to drive? Yes \_\_\_ No \_\_\_

Has any license, permit or privilege you possessed ever been suspended or revoked? Yes \_\_\_ No \_\_\_

If the answer to either of the last two questions was "Yes", please write the details on the back of this sheet.

### EMPLOYMENT HISTORY

All applicants must list **10 years of previous employment** with no gaps in the dates of employment. If you were unemployed show the dates of unemployment. Please list all employers in reverse order starting with the most recent.

<b>EMPLOYER:</b>	<b>DATES OF EMPLOYMENT:</b>
<b>ADDRESS:</b>	<b>TO</b> <b>STARTING SALARY\$</b>
<b>CITY:</b>	<b>FROM</b> <b>ENDING SALARY \$</b>
<b>STATE/ZIP</b>	<b>POSITION HELD</b>
<b>PHONE NUMBER:</b>	<b>REASON FOR LEAVING</b>
<b>SUPERVISOR'S NAME:</b>	

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<b>ADDRESS:</b>	<b>TO</b> <b>STARTING SALARY\$</b>
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<b>PHONE NUMBER:</b>	<b>REASON FOR LEAVING</b>
<b>SUPERVISOR'S NAME:</b>	

FILL IN YOUR DRIVING RECORD FOR THE PAST THREE YEAR

TRAFFIC, CONVICTIONS AND FORFEITURES FOR THE PAST THREE YEARS (OTHER THAN PARKING VIOLATIONS):

<b>DATE</b>	<b>LOCATION</b>	<b>CHARGE</b>	<b>PENALTY</b>

LIST ANY SPECIAL EQUIPMENT OR TECHICAL MATERIALS THAT YOU WORK WITH: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ANY SAFETY AWARDS YOU POSESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ALL OFFICE EQUIPEMENT YOU CAN OPERATE PROFICIENTLY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ANY COMPUTER PROGRAMS YOU ARE FAMILIAR WITH: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST MAJOR ACCOMPLISHMENTS FOR THE PAST SIX MONTHS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ANY EXPERIENCE YOU POSESS THAT WILL HELP YOUR WORK WITH THIS COMPANY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE EXPLAIN BRIEFLY WHY YOU THINK YOU WOULD BE AN ASSET TO THIS COMPANY? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WILL YOU ABIDE BY ALL SAFETY RULES OF THIS COMPANY? YES\_\_\_ NO\_\_\_  
ARE YOU WILLING TO TAKE A PHYSICAL EXAM AND DRUG SCREEN AT THE COMPANYS' EXPENSE? YES\_\_\_ NO\_\_\_  
DO YOU TAKE ANY ILLEGAL OR NON-PRESCRIBED DRUGS? YES\_\_\_ NO\_\_\_  
ARE YOU ABLE TO STAND, WALK AND SIT FOR LONG PERIODS OF TIME? YES\_\_\_ NO\_\_\_  
O ARE YOU ABLE TO PERFORM THIS TASK WITH OR WITHOUT AN ACCOMMODATION? WITH\_\_\_ WITHOUT\_\_\_  
O IF YOU ANSWERED "WITH" TO THE ABOVE QUESTION, HOW WOULD YOU PERFORM THE TASKS AND WITH WHAT TYPE OF  
ACCOMODATIONS? \_\_\_\_\_

ARE YOU ABLE TO WORK FOR UP TO TEN CONSECUTIVE HOURS? YES\_\_\_ NO\_\_\_

ARE YOU ABLE TO BE BONDED? YES\_\_\_ NO\_\_\_

CAN YOU PASS A CRIMINAL BACKROUND CHECK FOR THE COUNTY AND STATE? YES\_\_\_ NO\_\_\_

CAN WE CONTACT ALL YOUR PREVIOUS EMPLOYERS AT THIS TIME? YES\_\_\_ NO\_\_\_

IF YOU ANSWERED NO TO THE ABOVE QUESTION, WHICH EMPLOYERS CAN'T BE CONTACTED AND WHY? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE HAVE YOUR DRIVERS LICENSE AND SOCIAL SECURITY CARD OUT TO HAND IN WITH THIS APPLICATION SO THAT WE MAY MAKE A COPY OF IT TO PUT IT WITH YOUR APPLICATION TO COMPLETE THE BACKGROUND CHECKS.**

**IF YOU ARE APPLYING FOR THE DISPATCH POSITION, PLEASE ANSWER THE FOLLOWING:**

ARE YOU ABLE TO DO TWO TASKS AT ONCE? FOR EXAMPLE, CAN YOU TYPE WHILE TAKING THE INFORMATION OVER THE PHONE FROM A CUSTOMER? YES\_\_\_ NO\_\_\_ IF NO, PLEASE EXPLAIN. \_\_\_\_\_

THE SHIFTS YOU WORK MAY VARY FROM DAYS, TO AFTERNOONS TO OVERNIGHTS. IS THIS ALRIGHT? YES\_\_\_ NO\_\_\_

ARE YOU ABLE TO WORK SIX DAYS A WEEK? YES\_\_\_ NO\_\_\_

ARE YOU ABLE TO WORK SPLIT SHIFTS? FOR EXAMPLE, 7:00 AM UNTIL 11:00 AM THEN COME BACK FROM 3:00PM UNTIL 7:00PM? YES\_\_\_ NO\_\_\_

ARE YOU FLUENT IN ANY OTHER LANGUAGES BESIDES ENGLISH? YES\_\_\_, I SPEAK\_\_\_\_\_. NO\_\_\_

ARE YOU PROFICIENT WITH THE STATE ABBREVIATIONS USED BY THE U.S. POSTAL SERVICE? YES\_\_\_ NO\_\_\_

ARE YOU PROFICIENT WITH A COMPUTER KEYBOARD? YES\_\_\_ NO\_\_\_

WE ARE A 24 HOUR A DAY OPERATION. THIS MEANS WORKING ALL HOURS AND HOLIDAYS. CAN YOU DO THAT? YES\_\_\_ NO\_\_\_

**AFFIDAVIT:**

I certify that this application was completed by me and that answers given by me to the foregoing questions and statements are true and correct without any consequential omissions of any kind. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination.. I further agree that the company shall not be liable, in any respect, if my employment is terminated because of false statements, answers or omissions made by me in this application. I also authorize the companies, schools or persons named in this application for employment to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing information. I certify that all statements and answers to questions about my health are true and were made without reservations. I agree to expressly waive all provisions of law prohibiting any physician, person, hospital or institution from disclosing to the company any information regarding treatment rendered now and in the future. I further understand that taking a drug test is a condition of employment and refusal to take such tests when asked will subject me to termination. I also understand that no person is authorized to enter into any written or verbal contracts on behalf of the company without the express written consent of the president, vice president, or general counsel of the company. I authorize the company to make such investigations and inquiries about my personal, employment, criminal or medical history or other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. I understand and agree that if I am offered employment; my employment is for no definite period of time and may be terminated without prior notice by the company.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**COMPANY USE ONLY**

PROCESS RECORD:

DATE OF INTERVIEW: \_\_\_\_\_

TIME OF INTERVIEW: \_\_\_\_\_

INTERVIEW WITH: \_\_\_\_\_

HIRED: YES\_\_\_ NO\_\_\_

COMMENTS/NOTES:

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