



# APPLICATION FOR EMPLOYMENT

Please Print

(Answer all questions except those in shaded areas)

HEADQUARTERS:

109 E. 40th St.  
Norfolk, VA 23504

STORE LOCATION:

## PERSONAL

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE NO. ( \_\_\_\_\_ ) \_\_\_\_\_

STREET ADDRESS, IF DIFFERENT FROM MAILING ADDRESS \_\_\_\_\_

## EMPLOYMENT INFORMATION

POSITION APPLIED FOR \_\_\_\_\_ FULL TIME  PART TIME  EITHER

HOW DID YOU FIND OUT ABOUT BIG AL'S? HELP WANTED AD  NEW STORE OPENING SIGN  EMPLOYEE REFERRAL  OTHER

REFERRED BY SCHOOL/COLLEGE  NAME OF SCHOOL/COLLEGE: \_\_\_\_\_

GEOGRAPHIC LOCATION PREFERRED 1. \_\_\_\_\_ 2. \_\_\_\_\_

IF HIRED, ARE YOU WILLING TO TRANSFER TO OTHER NEARBY BIG AL'S LOCATIONS? YES  NO  ARE YOU WILLING TO RELOCATE? YES  NO

FOR STORE POSITIONS, ARE YOU AVAILABLE TO WORK THE DAYS AND HOURS OUR STORES ARE OPEN? YES  NO

IF HIRED FOR A FULL TIME POSITION, ARE YOU AVAILABLE TO WORK OVER 40 HOURS PER WEEK ON A REGULAR BASIS? YES  NO

ARE YOU EMPLOYED NOW? YES  NO  IF YES, MAY WE CONTACT YOUR EMPLOYER? YES  NO

DATE YOU COULD START WORK IF HIRED \_\_\_\_\_ PAY RATE DESIRED? \_\_\_\_\_

HAVE YOU EVER APPLIED AT ANY BIG AL'S MUFFLERS & BRAKES LOCATION BEFORE? YES  NO  IF YES, WHERE? \_\_\_\_\_

HAVE YOU EVER WORKED AT ANY BIG AL'S MUFFLERS & BRAKES LOCATION? YES  NO

IF YES, PLEASE PROVIDE DATES AND LOCATIONS: \_\_\_\_\_

WHY DID YOU LEAVE BIG AL'S PREVIOUSLY? \_\_\_\_\_

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES  NO  (Proof of acceptable status requires if hired.)

ARE YOU 18 YEARS OR OLDER? YES  NO  IF NOT 18 YEARS OR OLDER, PLEASE STATE AGE: \_\_\_\_\_

ALL STORE OPERATIONS POSITIONS SUCH AS TECHNICIAN, STORE MANAGER, AND MANY HEADQUARTERS POSITIONS SUCH AS DEPARTMENT MANAGER, CONSTRUCTION WORKER, AND DRIVERS REQUIRE A VALID DRIVER'S LICENSE.

IF REQUIRED, DO YOU HAVE A VALID DRIVER'S LICENSE FOR THE POSITION FOR WHICH YOU ARE APPLYING? YES  NO  EXP. DATE \_\_\_\_\_

DURING THE PAST TEN YEARS, HAVE YOU EVER BEEN CONVICTED OF: A TRAFFIC VIOLATION? YES  NO  A CRIME? YES  NO

IF YES, EXPLAIN CONVICTION (Conviction will not necessarily bar you from employment): \_\_\_\_\_

## SPECIAL SKILLS

FOR TECHNICIAN AND STORE MANAGEMENT POSITIONS PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. DO YOU HAVE A VALID STATE VEHICLE INSPECTOR'S LICENSE FOR THE POSITION YOU ARE APPLYING FOR? YES  NO  N/A

EXPIRATION DATE: \_\_\_\_\_ STATE: \_\_\_\_\_

2. DO YOU HAVE A.S.E. CERTIFICATION IN BRAKES? YES  NO  STEERING & SUSPENSION? YES  NO

3. DO YOU HAVE YOUR OWN TOOLS? YES  NO

4. DO YOU HAVE PERSONAL COMPUTER EXPERIENCE? YES  NO

5. INDICATE YOUR EXPERIENCE LEVEL AS A TECHNICIAN IN USING THE EQUIPMENT BELOW:  
EXPERIENCE LEVELS: A = Less than 1 year; B = 1 to 2 years; C = More than 2 years

LIFTS \_\_\_\_\_ BRAKE LATHES \_\_\_\_\_ TORCHES \_\_\_\_\_ PIPE BENDER \_\_\_\_\_ MIG WELDER \_\_\_\_\_

TIRE BALANCING MACHINE \_\_\_\_\_ ALIGNMENT EQUIPMENT \_\_\_\_\_

6. INDICATE YOUR EXPERIENCE LEVEL AS A TECHNICIAN IN THE SERVICE AREAS BELOW:  
EXPERIENCE LEVELS: A = Less than 1 year; B = 1 to 2 years; C = More than 2 years

EXHAUST SYSTEMS \_\_\_\_\_ BRAKE SERVICE \_\_\_\_\_ SHOCK REPLACEMENT \_\_\_\_\_ SPRING REPLACEMENT \_\_\_\_\_

SUSPENSION \_\_\_\_\_ CV JOINTS \_\_\_\_\_ ALIGNMENT \_\_\_\_\_ INSPECTION \_\_\_\_\_ OIL CHANGE \_\_\_\_\_

AUTOMOTIVE TECHNICIAN/MECHANIC, STORE MANAGER, CONSTRUCTION, MAINTENANCE WORKERS, WAREHOUSE POSITIONS, AND DRIVERS ARE SOME OF THE POSITIONS THAT REQUIRE VARIOUS PHYSICAL CAPABILITIES. EXAMPLES INCLUDE: PUSHING-PULLING SPRINGS, TIE RODS; BENDING TO PICK-UP PARTS AND TOOLS; CLIMBING LADDERS, STEPS, AND ON TO RAISED LIFTS; LIFTING TOOLS AND PARTS FOR INSTALLATION; REACHING OVERHEAD TO REMOVE/INSTALL PARTS; LIFTING TIRES ON/OFF VEHICLES; PAINTING WALLS, CEILINGS, AND FLOORS; STANDING FOR LONG PERIODS OF TIME WHILE WORKING; CARRYING HEAVY ITEMS ON OWN; ASSISTING OTHERS WITH CARRYING/MOVING HEAVY ITEMS; DRIVING VEHICLES; ETC.

IF YOU ARE APPLYING FOR A POSITION WHERE VARIOUS PHYSICAL CAPABILITIES ARE REQUIRED AS A PART OF THE JOB, PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. ARE YOU ABLE TO SAFELY PERFORM JOB FUNCTIONS THAT REQUIRE LIFTING AND/OR CARRYING SINGLE ITEMS WEIGHING AT LEAST 50 LBS? YES  NO

2. ARE YOU ABLE TO SAFELY PERFORM JOB FUNCTIONS/ACTIVITIES SUCH AS: PUSHING-PULLING, BENDING, STANDING, SITTING, CLIMBING, LIFTING-LOWERING, REACHING? YES  NO

YOU MAY BE ASKED TO DESCRIBE HOW YOU WOULD PERFORM ESSENTIAL JOB FUNCTIONS WITH OR WITHOUT REASONABLE ACCOMMODATION.

## EDUCATION

NAME OF SCHOOL, CITY AND STATE	COURSE OF STUDY	YEARS COMPLETED (Circle)	DID YOU GRADUATE?
HIGH SCHOOL		1 2 3 4	
COLLEGE OR TRADE SCHOOL		1 2 3 4	
OTHER EDUCATION/TRAINING		1 2 3 4	

HAVE YOU SERVED IN THE U.S. ARMED FORCES? YES  NO  PERIOD OF ACTIVE DUTY: FROM \_\_\_\_\_ TO \_\_\_\_\_

# EMPLOYMENT HISTORY

IF EMPLOYED, LIST CURRENT EMPLOYER FIRST. LIST ALL FORMER EMPLOYERS IN ORDER FOR AT LEAST THE PAST FIVE YEARS.  
ATTACH ADDITIONAL PAGE IF NECESSARY TO COMPLETE EMPLOYMENT HISTORY.

COMPANY NAME \_\_\_\_\_ DATES EMPLOYED FROM    /   /    TO    /   /     
MO. YR. MO. YR.

ADDRESS \_\_\_\_\_ PAY RATE: HOURLY \_\_\_\_\_ WEEKLY \_\_\_\_\_

NAME & TITLE OF YOUR SUPERVISOR \_\_\_\_\_ COMPANY TELEPHONE NO. (     ) \_\_\_\_\_

YOUR JOB TITLE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

YOUR JOB DUTIES: \_\_\_\_\_

REFERENCE CHECK DONE BY: \_\_\_\_\_

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MO. YR. MO. YR.

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YOUR JOB TITLE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

YOUR JOB DUTIES: \_\_\_\_\_

REFERENCE CHECK DONE BY: \_\_\_\_\_

## AUTHORIZATION

I VOLUNTARILY GIVE BIG AL'S MUFFLERS & BRAKES THE RIGHT TO MAKE A THOROUGH INVESTIGATION OF ALL INFORMATION PROVIDED BY ME, AND RELEASE FROM ALL LIABILITY OR RESPONSIBILITY PERSONS, COMPANIES OR CORPORATIONS SUPPLYING SUCH INFORMATION. APPLICANTS FOR MANAGERIAL POSITIONS MAY BE REQUIRES TO SEPARATELY AUTHORIZE THE OBTAINING OF AN INVESTIGATIVE CONSUMER REPORT FROM AN APPROPRIATE AGENCY IN ORDER TO BE CONSIDERED FOR EMPLOYMENT.

I UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF EMPLOYMENT ELIGIBILITY AND VERIFICATION OF IDENTITY, AS REQUIRED BY THE IMMIGRATION REFORM AND CONTROL ACT OF 1986 (FORM I-9).

I FURTHER UNDERSTAND THAT ANY FALSIFICATION OF INFORMATION PROVIDED BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR IMMEDIATE DISCHARGE AT ANY TIME, IF EMPLOYED.

I UNDERSTAND AND AGREE THAT, IF EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED BY ME OR THE COMPANY AT ANY TIME WITHOUT PREVIOUS NOTICE, SUBJECT TO APPLICABLE LAWS. NOTHING CONTAINED IN THIS APPLICATION FOR EMPLOYMENT SHALL CONSTITUTE AN AGREEMENT OF EMPLOYMENT FOR ANY PURPOSE. NO AGREEMENT OF EMPLOYMENT FOR ANY PERIOD OF TIME, SPECIFIED OR UNSPECIFIED, SHALL BE VALID UNLESS IN WRITING AND SIGNED BY A SENIOR VICE PRESIDENT OR THE PRESIDENT OF THE COMPANY.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## INTERVIEWER TO COMPLETE

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

HIRED YES  NO  POSITION \_\_\_\_\_ STORE/DEPT # \_\_\_\_\_

PAY RATE \_\_\_\_\_ DATE REPORTING TO WORK \_\_\_\_\_

**IF HIRED, ASK NEW EMPLOYEE TO BRING DOCUMENTS NEEDED TO COMPLETE NEW EMPLOYEE PACKET ON DATE REPORTING TO WORK. THIS INCLUDES A VALID DRIVER'S LICENSE, FOR MOST POSITIONS, AND PROOF OF LEGAL AUTHORIZATION TO WORK IN THE U.S. (I-9 Form).**