VINTAGE & AUTO REBUILDS, INC. APPLICATION FOR EMPLOYMENT

| | | PERSONAI | INFORMATION | | | |
|--------------|-----------------|-------------------------|-------------------------------|---|--|--|
| NA 84 | ı. | | DATE | | | |
| FULL NAM | First | Middle Initial | DATE | : | | |
| ADDRESS | :Street Address | | | Apt/Suite | | |
| | | | | · | | |
| | City | | State | Zip Code | | |
| E-MAIL: | | | PHONE: | | | |
| REFERRED BY: | | | ARE YOU CURRENTLY | _ ARE YOU CURRENTLY WORKING? YES NO | | |
| DATE AVA | AILABLE: | | DESIRED PAY: \$ | ☐ HOUR ☐ SALARY | | |
| POSITION | APPLIED FOR: | | | | | |
| EMPLOYM | IENT DESIRED: | ☐ FULL-TIME ☐ PART-TIME | E□ SEASONAL | | | |
| | i | EMPLOYMENT ELIG | BIBILITY/REQUIREMENTS | | | |
| OUR POSI | TIONS REQUIRE | | T 50 LBS UNASSISTED. JCATION | | | |
| | | EDC | JCATION | | | |
| HIGH SCH | 00L: | | CITY / STATE: | | | |
| FROM: | TO: | GRADUATE/ | GED? □ YES □ NO | | | |
| COLLEGE | : | | CITY / STATE: | | | |
| | | | ? □ YES □ NO DEGREE: | | | |
| TRADE SC | CHOOL: | | CITY / STATE: | | | |
| FROM: | TO: | GRADUATE | ? □ YES □ NO CERTIFICATION | l: | | |
| | | | | | | |
| | | | | | | |

MILITARY SERVICE ARE YOU A VETERAN? ☐ YES ☐ NO BRANCH: _____ _____ RANK AT DISCHARGE: _____ FROM: TO: PREVIOUS EMPLOYMENT Please complete even if you attach a resume. EMPLOYER 1: _____ E-MAIL: _____ PHONE: _____ ADDRESS: _ Street Address Apt/Suite State Zip Code JOB TITLE: FROM: _____ TO: _____ Month/Year Month/Year ENDING PAY: \$____ ☐ HOUR ☐ SALARY REASON FOR LEAVING: EMPLOYER 2: E-MAIL: ______ PHONE: _____ ADDRESS: _ Street Address Apt/Suite Citv State Zip Code JOB TITLE: FROM: _____ TO: ____ ENDING PAY: \$ ☐ HOUR ☐ SALARY Month/Year Month/Year REASON FOR LEAVING: EMPLOYER 3: E-MAIL: _____ PHONE: _____

State

ADDRESS: ____

Street Address

JOB TITLE:

City

Apt/Suite

Zip Code

| FROM: | TO: | ENDING PAY: \$ | □ HOUR □ SALARY |
|------------------|------------|-----------------|-----------------|
| Month/Year | Month/Year | | |
| REASON FOR LEAVI | NG: | | |
| | | | |
| EMPLOYER 4: | | | |
| E-MAIL: | | PHONE: | |
| ADDRESS: | | | |
| Street Addres | SS | A | pt/Suite |
| City | | State Zi | p Code |
| JOB TITLE: | | | |
| | TO: | ENDING PAY: \$ | |
| Month/Year | Month/Year | | |
| REASON FOR LEAVI | NG: | | |
| | | | |
| | | | |
| | | | |
| | REFE | ERENCES | |
| NAME: | | DEL ATIONICHID: | |
| First | Last | INDINOTIF | |
| E-MAIL: | | PHONE: | |
| | | | |
| NAME: | Last | RELATIONSHIP: | |
| | | DLIONE. | |
| E-IVIAIL: | | PHONE: | |
| | | | |
| NAME:First | Last | RELATIONSHIP: | |
| E-MAIL: | | PHONE: | |
| E-MAIL: | | PHONE: | |

| RΔ | CK | GRO | UND | CHECK | CON | SFNT |
|----|---------------------|--------------|--------------|--------------|-----|------|
| | $\cdot \cdot \cdot$ | \mathbf{o} | \mathbf{O} | CILCI | COI | |

| IF ASKED, ARE YOU WILLING TO CONSENT TO | A BACKGROUND CHECK? | ☐ YES ☐ NO |
|---|---|---|
| DIS | CLAIMER | |
| We are an Equal Opportunity Employer. In order to and sign in order for it to be considered. I, the Applicant, certify that my answers are true and leads to my eventual employment, I understand that interview may result in my employment being termin herein and, the references and employers listed with personal or otherwise, and I release the company for said information. This waiver does not permit the reinformation in a manner prohibited by the American state laws. | d honest to the best of my knowled to any false or misleading informated. I authorize investigation of hin to give you any and all information all liability for any damage the elease or use of disability related | edge. If this application tion in my application or all statements contained nation they may have, at may result from use of or medically related |
| SIGNATURE | DATE | |

PRINT NAME _____

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