

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status, or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring an accommodation to complete the application and/or interview process should contact a management representative.

Date of application

Street address		City	State	ZIP	
Main phone number	Email				
Employment Experience Please list the names of your present or previous employers in chronological order recent employer listed first. Be sure to account for all periods of time. If self-emplame and supply business references. Add an additional page if necessary.				•	
Name of employer		Supervisor	May we	May we contact?	
			□ Yes □ No		
Street address					
Phone number		Dates employed (month/year)			
		From	То	То	
Job title and duties		Reason for leaving			

Position(s) applied for

Print full name



Name of employer	Supervisor	May we contact?
		☐ Yes ☐ No
Street Address		
Phone Number	Dates employed (month	/year)
	From	То
Job title and duties	Reason for leaving	
Name of employer	Supervisor	May we contact?
		☐ Yes ☐ No
Street Address		
Phone Number	Dates employed (month	n/year)
	From	То
Job title and duties	Reason for leaving	
Have you ever been involuntarily terminated or asked	d to resign from any job?	□ Yes □ No
If yes, please explain.		
,		



lease explain any gaps in your employment history.	
the state of the s	
lease list any other experience, job-related skills, additional languages, or other qualifications	s that
lease list any other experience, job-related skills, additional languages, or other qualifications ou believe should be considered in evaluating your qualifications for employment.	s that
	s that

#### **Education**

Please describe your educational background in the table provided below.

	School name	Diploma/ degree (Yes/No)	Area of study/ major	Specialized training, skills, or extracurricular activities
High school				
College/ university				
Graduate/ professional school				
Trade school				
Other				



#### **Business and Professional References**

Please list three professional references of individuals who are *not* related to you.

Na	ame and title	Relationship	Phone number or email
	rsonal References ase list three people who know you	ı well.	
Na	ame and title	Relationship and years acquainted	Phone number or email
1.	Ineral Information  Have you ever used another name  Is any additional information relation necessary to enable a check on your esto either of the above, please esto either of the above, please esto either of the above.	cive to name changes, use of an our work and educational record	
3.	Have you ever worked for this cor If yes, please provide dates and p		
4.	Do you have friends and/or relatively lf yes, name(s) and relationship(s)		] Yes □ No



5.	i. On what date are you available to begin work?						
6. Days/hours available to work:							
Mo	onday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7.	Are you ava	ailable to work?	⊓ Full time	□ Part time	□ Shift wor	k □ Tempora	ary
8.	. If hired, would you have a reliable means of transportation to and from work? $\square$ Yes $\square$ No						
9.	Can you tra	avel if the posit	ion requires it?	□ Yes □ No			
10.	Can you rel	locate if the po	sition requires i	t? □ Yes □ No			
11.	11. Are you at least 18 years old? ☐ Yes ☐ No Note: If under 18, hire is subject to verification that you are of minimum legal age.						
12.	12. If hired, can you present evidence of your identity and legal right to work in this country?  ☐ Yes ☐ No					ry?	
13.	13. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation? $\square$ Yes $\square$ No						
14.	If applying	for a dismantle	r, mechanic, or	yard position,	do you have yo	ur own tools? [	□ Yes □ No
<b>Note:</b> We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.							
Ар	plicant St	atement and	d Agreement				
Please read and initial each paragraph below. If there is anything that you do not understand, please ask.							
	educat the prid letters, notice and all	ion and other mor employers are, reports, and of such disclosuother persons,	yette's Inc. to to natters related to nd references I I ther informatio ure. In addition, corporations, p	to my suitability have listed to d n related to my I hereby releas artnerships, an	y for employme isclose to Goye work records, se Goyette's Ind d associations f	nt and, further tte's Inc. any a without giving c, my former er rom any and al	, authorize nd all me prior nployers, l claims,

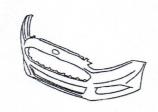


with all rules and regulations of the company.
If hired, I understand and agree that my employment with Goyette's Inc. is at will and that neither I nor Goyette's Inc. is required to continue the employment relationship for any specific term. I further understand that Goyette's Inc. or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.
I understand that the safety of employees is extremely important to Goyette's Inc. and that Goyette's Inc. is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.
I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration law requires me to complete an I-9 Form in this regard.
I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed, and the remainder of this Agreement shall be enforceable.
My signature attests to the fact that I have read, understand, and agree to all of the above terms.
Signature:
Name (print):
Date:

# PART IDENTIFICATION QUIZ PLEASE IDENTIFY EACH OF THE FOLLOWING AUTOMOTIVE PARTS

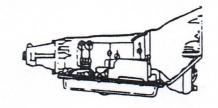


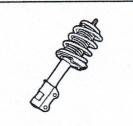
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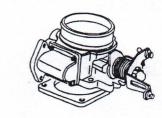


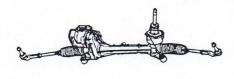
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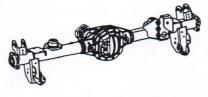
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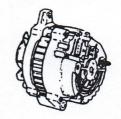




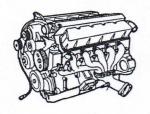


10.





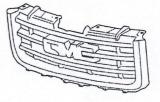
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13.



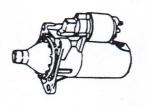
14.



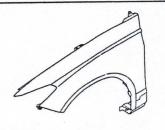
15.



16.



17.



18.