Dear Applicant,

In accordance with the Drug-Free Workplace act of 1988, A-1 Auto Recyclers has established a

Drug- Free Workplace company wide policy. It is our policy to maintain a work environment that

is safe for all employees and conducive to high work standards. Therefore, if an offer of employment

is made, hiring is contingent upon the applicant passing a urine drug test.

A-1 Auto Recyclers will pay for the cost of the pre-employment drug test, which is approximately

\$48.00. If hired by A-1 Auto Recyclers and employment is terminated less than three months

from your hire date, the cost of the drug test will be deducted from your final paycheck.

I'hank you!		
	Received by	

## A-1 AUTO RECYCLERS APPLICATION FOR EMPLOYMENT

DATE	
PERSONAL INFORMATION	
NAME	
LAST FIRST MIDDLE	
PRESENT ADDRESS	
OTD DET	CITY
STREET STATE	CITY
PERMANENT ADDRESS	
STREET	CITY
STATE	CITT
PHONE NUMBER:	
EMAIL ADDDEGG	
EMAIL ADDRESS:	
REFERRED BY:	
REPERRED D1.	
EMPLOYMENT DESIRED POSITION APPLYING FOR:	
DATE YOU CAN START: DESIRED SALARY:	
ARE YOU EMPLOYED? IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
EVED A DOVIED TO THE COMPANY DEPODES	
EVER APPLIED TO THIS COMPANY BEFORE? WHEN?	
WHEN!	
EDUCATION & CVIII C	
EDUCATION & SKILLS	
Are you age 18 years or older? $\Box$ Yes $\Box$ No	
<b>Education</b> : (Highest Grade Completed, college degrees, vocational, certifications, etc.) List any Education or Training	
SPECIAL SKILLS:	
SECIAL SKILLS.	
IN CASE OF EMERGENCY NOTIFY	
NAME ADDRESS	
PHONE NO.	

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)									
DATE MO / YR	EMPLOYER	SALARY	POSITION		REASON FOR LEAVING				
#1									
FROM			START						
ТО			END						
#2	•				<u> </u>				
FROM			START						
ТО			END						
#3									
FROM			START						
ТО			END						
#4					l				
FROM			START						
ТО			END						
REFERENCES: GIVE	F RELOW THE NAME	ES OF THREE PERSON	S NOT RELATED TO YOU, V	WHOM YOU	HAVE KNOV	WN AT LEAST ONE	EVEAR		
NAME	E BELOW THE NAME	ADDRESS	S NOT KELATED TO TOO, V	WIIOWI TOO	BUSINESS		PHONE		
1									
2									
3									
I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED ANY TIME WITHOUT ANY PREVIOUS NOTICE. DATE									
				DC	NOI WK	ITE BELOW			
INTERVIEWED BY DATE REMARKS:									
					·-				
NEATNESS			CHARACTER						
PERSONALITY			ABILITY						
SALARY WAGES	HIRED FO	OR DEPT.	POSITION	1		WILL REPORT			
APPROVED: 1.			2	2.					
3.	EMPLOYMENT MA	ANAGER	UEDT	HEAD					
GENERAL MANAG		M MICH	DEF1.	ILAD					