

From	To	NAME AND ADDRESS OF EMPLOYER	JOB TITLE & DUTIES
Mo. / Yr.	Mo. / Yr.	Name	
		Address	
Starting Salary	Final Salary	City State Ph. _____	
		Supervisor Ph. _____	Reason for Leaving

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EDUCATION AND TRAINING

Name of school and address	No. of years	Course or major	Diploma / Degree

REFERENCES (PLEASE DO NOT LIST RELATIVES)

Name and Occupation	Address	Phone Number

Do you speak, read or write in any language other than English? Please indicate No or describe: _____

Please list any special skills or qualifications you have, including any computer, sales, or international skills: _____

- I hereby certify that the answers to the foregoing questions are true to the best of my knowledge and agree to have any of the statements checked by Global Parts Solution LLC unless I have indicated to the contrary.
- I understand that any job offer, or my continuing employment is contingent on my being physically, mentally and medically able with or without reasonable accommodation, to successfully perform the functions of my job.
- I am aware of and consent to a more detailed background check and credit check and health screening including, but not limited to a urine drug screen, which may be exercised at the expense and random discretion of Global Parts Solution LLC any time before or during my employment.
- In the event of a job related injury, I understand that a physical screening by a health professional including, but not limited to a urine drug screen may be requested by Global Parts Solution, LLC.
- I consent to release such lab results and medical records to Global Parts Solution LLC and to appropriate persons or agencies in the event that there is a worker's compensation claim and/or any dispute arises over payment of any medical claim.
- I agree to wear or use all protective clothing or devices required by Global Parts Solution LLC and to comply with all written and/or verbal safety instruction, policies and procedures.
- I agree that a positive drug screen result will necessitate the immediate termination of my employment and will negate any written or implied benefit of tuition reimbursement or other company benefit.
- I agree to comply with the above requests as a condition of my employment.

Applicant's Signature _____ Date _____