

APPLICATION FOR EMPLOYMENT

Northwest Auto Parts

5700 Camelot Drive, Anchorage, AK 99501

Fax # 907-338-3822

Position Desired: _____ [] Part time [] Full time Date _____

Name (Print)	Last	First	Middle
Present Address	Street and Number	City	State Zip Code
			How long have you lived there?
			Years Months
Previous Address	Street and Number	City	State Zip Code
			How long did you live there?
			Years Months

Telephone No. _____ Social Security #(optional) _____ E-Mail: _____

Have you ever worked for this Company before? [] Yes [] No
 If yes, please give dates and position: _____

Have you ever pled guilty, or no contest to, or been convicted of any misdemeanor or felony? (You are not obligated to respond)
 [] Yes [] No
 If Yes, please give the date(s) and details: _____

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? (You are not obligated to respond) [] Yes [] No
 If Yes, please give the date(s) and details: _____

NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic citations and arrests or convictions which have been sealed or expunged in answering this question.)

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present and recent employers in chronological order with present or last employer listed first. Be sure to account for all periods of time between jobs: including military service and any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary]

Present or Last Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> _____ From (mo/yr) _____ To (mo/yr)	<u>Pay</u> \$ _____ Start \$ _____ Final	<u>Your Title or Position</u> _____ _____ Name and Title of Last Supervisor _____	<u>Exact Reason for Leaving</u> _____ _____
Previous Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> _____ From (mo/yr) _____ To (mo/yr)	<u>Pay</u> \$ _____ Start \$ _____ Final	<u>Your Title or Position</u> _____ _____ Name and Title of Last Supervisor _____	<u>Exact Reason for Leaving</u> _____ _____

Previous Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> _____ From (mo/yr) _____ To (mo/yr)	<u>Pay</u> \$ _____ Start \$ _____ Final	<u>Your Title or Position</u> _____ _____ <u>Name and Title of Last Supervisor</u>	<u>Exact Reason for Leaving</u>
Previous Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> _____ From (mo/yr) _____ To (mo/yr)	<u>Pay</u> \$ _____ Start \$ _____ Final	<u>Your Title or Position</u> _____ _____ <u>Name and Title of Last Supervisor</u>	<u>Exact Reason for Leaving</u>
Previous Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> _____ From (mo/yr) _____ To (mo/yr)	<u>Pay</u> \$ _____ Start \$ _____ Final	<u>Your Title or Position</u> _____ _____ <u>Name and Title of Last Supervisor</u>	<u>Exact Reason for Leaving</u>

Have you ever been terminated or asked to resign from any job? Yes No
 If yes, please explain circumstances:

Please explain fully any gaps in your employment history:

May we contact your current employer? Yes No. If No, please explain:

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying.

Have you ever used another name? Yes No Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain:

If hired, can you furnish proof that you are over 18 years of age? Yes No

If a driver's license is required for the position for which you are applying, do you have a current valid driver's license?

Yes No Issuing State: _____ License No.: _____ Expiration Date: _____

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying with or without accommodation?

With Accommodation Without Accommodation

We are an equal opportunity employer. Auxiliary aids are available upon request to individuals with disabilities.

EDUCATION

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade or Correspondence:				
Other:				

PERSONAL REFERENCES

Please list persons who know you well -- **not** previous employers or relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

ADDITIONAL INFORMATION

Please indicate any actual work experience you have in the following positions:

<input type="checkbox"/> Office Manager <input type="checkbox"/> Bookkeeper <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> Accounts Payable <input type="checkbox"/> Payroll Clerk <input type="checkbox"/> Data Entry <input type="checkbox"/> Cashier	<input type="checkbox"/> Receptionist <input type="checkbox"/> Clerical – General <input type="checkbox"/> Customer Service Representative <input type="checkbox"/> Manager <input type="checkbox"/> Counter Sales <input type="checkbox"/> Dispatcher / Shipper	<input type="checkbox"/> Yard Inventory <input type="checkbox"/> Dismantling <input type="checkbox"/> Warehouse / Parts Puller <input type="checkbox"/> Delivery <input type="checkbox"/> Buyer <input type="checkbox"/> Other _____
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THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Date

Signature of Applicant

APPLICANT'S STATEMENT & AGREEMENT

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs or alcohol in my system at any time during my employment, to the extent permitted by law. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated.

I further understand that the Company may contact my previous employers. I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself.

I hereby state that all the information that I have provided on this application, or any other documents completed or provided by me in connection with my application or employment, or in any interview is true and accurate. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any information provided to the Company is found to be false or incomplete in any respect, I may be dismissed.

I further agree and acknowledge that the Company and I will utilize binding arbitration to resolve all disputes that may arise out of the employment context. Both the Company and I agree that any claim, dispute, and/or controversy that either I may have against the Company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) or the Company may have against me, arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company shall be submitted to and determined exclusively by binding arbitration. I acknowledge that the Company's business and the nature of my employment in that business affect interstate commerce. I agree that the arbitration and this agreement shall be controlled by the Federal Arbitration Act, in conformity with the procedures of the Federal Rules of Civil Procedure. Both the Company and I agree that any arbitration proceeding must move forward under the Federal Arbitration Act (9 U.S.C. §§ 3-4) even though the claims may also involve or relate to parties who are not parties to the arbitration agreement and/or claims that are not subject to arbitration: thus, a court may not refuse to enforce this arbitration agreement and may not stay the arbitration proceeding despite any state statutory provision permitting such action. Included within the scope of this Agreement are all disputes, whether based on tort, contract, statute (including, but not limited to, any claims of discrimination and harassment, whether they be based on the Alaska's Human Rights Law §§ 18.80.010, *et seq.*, Title VII of the Civil Rights Act of 1964, as amended, or any other state or federal law or regulation), equitable law, or otherwise, with exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the Workers' Compensation Act, and Unemployment Compensation claims filed with the state, or as otherwise required by state or federal law. However, nothing herein shall prevent me from filing and pursuing proceedings before the United States Equal Employment Opportunity Commission or equivalent State agency (although if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of this Agreement). In addition to any other requirements imposed by law, the arbitrator selected shall be a retired federal or state trial court Judge, or otherwise qualified individual to whom the parties mutually agree, and shall be subject to disqualification on the same grounds as would apply to a judge of such court. All rules of pleading, all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment, and judgment on the pleadings, shall apply and be observed. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged. As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion. **I understand and agree to this binding arbitration provision, and both the Company and I give up our right to trial by jury of any claim the Company or I may have against each other.**

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by either the Company (employer) or me at any time and for any reason whatsoever, with or without good cause.

This is the entire agreement between the Company and me regarding dispute resolution, the length of my employment, and the reasons for termination of employment, and this agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by the President of the Company. No supervisor or representative of the Company, other than its President, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing. Oral representations made before or after you are hired do not alter this Agreement.

If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK A COMPANY REPRESENTATIVE BEFORE SIGNING.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS, AND THAT I UNDERSTAND AND AGREE TO SAME.

Signature of Applicant

Date