



APPLICATION FOR EMPLOYMENT

Please complete all requested information in its entirety.

We're glad you are interested in joining the Express team. Teamwork requires dedication, trust, and above all, honesty. It is a commitment we ask of all our employees and potential employees.

EXPRESS is an Equal Opportunity Employer. We will not tolerate discrimination because of race, creed, color, sex, religion, or national origin. All qualified applicants are welcome to submit applications for employment. Consistent with the Americans with Disabilities Act, applicants may request assistance, if needed, to participate in the application process.

Social Security #: _____ Date: _____
 (Print) Full Name: _____
 Address: _____ City: _____ State _____ Zip _____
 Are you under 18? Yes: No: #Home _____ #Work _____
 Highest level of education obtained (include, name of school(s) and degree(s) if any): _____

In case of an emergency, notify _____ Phone# _____
 Position for which you are applying: _____ What are your salary expectations? _____
 Date Available for work: _____ Full-Time _____ Part-Time _____ Regular _____ Temporary _____
 Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? Yes No
 If yes, list only conviction(s): _____

PREVIOUS WORK HISTORY

Co. Name _____ Employment Dates: From: _____ to _____
 City/State/Zip _____ Phone # () _____
 Supervisor Name _____ Reason for Leaving _____
 Job Duties _____ Last Pay Rate _____

Co. Name _____ Employment Dates: From: _____ to _____
 City/State/Zip _____ Phone # () _____
 Supervisor Name _____ Reason for Leaving _____
 Job Duties _____ Last Pay Rate _____

Co. Name _____ Employment Dates: From: _____ to _____
 City/State/Zip _____ Phone # () _____
 Supervisor Name _____ Reason for Leaving _____
 Job Duties _____ Last Pay Rate _____
 Other name employed under? _____ May we contact these employers? Yes No

REFERENCES

List below three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	TELEPHONE NUMBER(S)

SAFETY/MEDICAL

I understand and agree that as a condition of employment, I am required to wear/use the following personal protective equipment supplied and/or required by my employer:

In the event I sustain on-the-job injury as a direct result of my failure to wear/use the personal protective equipment listed above or use of illegal drugs or alcohol on the job, my workers' compensation benefits could be substantially reduced.

Are you currently under a doctor's supervision? Yes No If yes, explain: _____

Are you currently on medication? Yes No If yes, explain: _____

Do you have any illnesses or medical history that could interfere with your ability to safely operate heavy machinery including a motor vehicle? Yes No

Do you have any illnesses or medical history that could interfere with being in a shop environment? Yes No

Do you have any illnesses or medical history that could interfere with your ability to safely drive a vehicle? Yes No

TECHNICIAN HISTORY

If you are applying for a position, other than clerical or office positions, please complete the following – be specific as we may be verifying your skills before you are hired.

Do you have your own tools? Yes No

Monetary Value \$ _____

Describe tools: _____

Explain your drivability experience: _____

Explain brake experience: _____

Explain alignment & suspension experience: _____

Explain air-condition experience: _____

Explain Genesys scanner experience: _____

Do you have experience with All Data ie diagrams/diagnostic charts: Yes No

Do you have experience with Mitchell ie diagrams/diagnostic charts: Yes No

Do you have experience with Identifix ie diagrams/diagnostic charts: Yes No

Equip exp:**Snap-On Scanner:** Yes No **Pipe Bender:** Yes No **Brake Lathes:** Yes No **Computer Align:** Yes No

Lifting of items up to 50 lbs. may be required – for your own safety, would you be able to lift that amount? Yes No

Lifting of items up to 75 lbs. may be required – for your own safety, would you be able to lift that amount? Yes No

Lifting of items up to 100 lbs. may be required – for your own safety, would you be able to lift that amount? Yes No

Are you able to stand on your feet, if required, during an entire work shift? Yes No

EXPRESS operates its stores 6 days a week; are you willing to work any day, shift or hours assigned? Yes No

DRIVER'S LICENSE INFORMATION

You must have a valid Driver's License to qualify to work at an EXPRESS Store. All employees at EXPRESS are required to drive on a regular basis. Any misrepresentation at any time of an employee or applicant is grounds for immediate dismissal.

Type of Driver's License you hold now Operator Commercial Operator Chauffeur

Issued by what state _____ Expiration Date _____ Driver's License# _____

Has your Driver's License been revoked or suspended in the last 3 years? Yes No

If yes, explain _____

How many years have you been driving? Less than 1 year 2-3 years over 3 years

Do you own a car? Yes No

Any restrictions on your license? Yes No If Yes, explain _____

Do you have any moving traffic violations or accidents? Yes No If Yes, show details below:

Mo./Year _____ Description of Violations (Not Parking) _____

Mo./Year _____ Description of Violations (Not Parking) _____

If applicable, how many points do you currently have on your driving record? _____

STATEMENT AND AUTHORIZATION

I understand that if I am employed, any misrepresentation or omission of material facts on this application may result in my dismissal. The Company, in considering my application for employment, may verify the information relating to my background at any time. I authorize my former employers, all persons, schools, companies, corporations, credit bureaus, law enforcement agencies, government agencies, and doctors to supply any information concerning my background, provided state law permits now or in the future. I further agree to submit to alcohol and/or drug screening tests, if requested of me, at any time prior to, or during, my employment in accordance with the law. I understand that employment at EXPRESS is for a 90 day trial period of time and is terminable at the will of either party at any time during employment for any reason. I further understand that no one at EXPRESS is authorized to alter the "at will" status and that employees and applicants should not interpret any statement, policies, practices or procedures as altering their "at will" status.

I have read and examined the application and state the items therein are true and correct to the best of my knowledge and belief.

APPLICANT SIGNATURE

DATE

PATIENT AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize any physician, surgeon or other medical or professional person, dentist, hospital, rehabilitation, nurse, or medical personnel, to furnish to any representative of the above identified company, custodian or personnel with EXPRESS all records in their possession regarding _____ for injuries, medical history, including substance abuse (drugs or alcohol), mental health and AIDS related information before and after the date of my signature on this form, regardless of the time or occurrence. This information will be utilized for purposes relative to my job application and continued employment. This authorization shall remain valid until the same has been specifically voided by me.

APPLICANT SIGNATURE

DATE