



## 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