



EXCEPTIONAL SERVICE  
EXCELLENT PRICES

## APPLICATION FOR EMPLOYMENT

Please complete all requested information in its entirety.

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

Our Company is an Equal Opportunity Employer. We will not tolerate discrimination because of race, age, creed, color, gender, religion, or national origin, sexual orientation, veteran status, physical or mental disability. 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. No employee will be retaliated against for making a complaint of any reason or for assisting another who has made such a complaint.

Social Security #: \_\_\_\_\_ Date: \_\_\_\_\_

(Print) Full Name: \_\_\_\_\_ Maiden 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, plead guilty, no contest, or nolo contendere to a crime?  Yes  No

Have you ever been charged with a crime and either placed on a court ordered probation, had adjudication withheld, or entered a pre-trial intervention program?  Yes  No

If your answer is yes to either of these questions, please give details including the date, place, and offense:

### PREVIOUS WORK HISTORY

Co. Name \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Job Duties \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ to \_\_\_\_\_

Phone # ( ) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Last Pay Rate \_\_\_\_\_

Co. Name \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Job Duties \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ to \_\_\_\_\_

Phone # ( ) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Last Pay Rate \_\_\_\_\_

Co. Name \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Job Duties \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ to \_\_\_\_\_

Phone # ( ) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Last Pay Rate \_\_\_\_\_

Other name employed under? \_\_\_\_\_

May we contact these employers?  Yes  No

Have you ever worked for the Company, its affiliates or predecessors?  Yes  No

### REFERENCES

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

NAME

ADDRESS

TELEPHONE NUMBER(S)

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: steel-toes boots/shoes in all shop areas and any others posted per designated area. 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.

**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 Genesis scanner experience: \_\_\_\_\_

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

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

Do you have experience with Identifix ie, repair 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

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

**DRIVER'S LICENSE INFORMATION**

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 any offer of employment is conditional upon my reviewing and accepting the following: (1) the Company's Employee Policies and Procedures Handbook and (2) an Arbitration Agreement with the Company. The Arbitration Agreement requires that I arbitrate any claim I may have against Calvert's Express. Therefore, I may not accept any offer of employment until I have reviewed and signed the Company's Policies and Procedures Handbook and the Arbitration Agreement, which is a separate and distinct document from the Policies and Procedures Handbook. Upon my acceptance of these documents, if I am employed, any misrepresentation or omission of material facts on this application may result in my dismissal at any time. 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 medical professionals 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 allowed by law, if requested of me, at any time prior to, or during my employment. I further understand that my employment with the Company 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 the Company is authorized to alter the "at will" status and that employees and applicants should not interpret any statements, policies, practices or procedures as altering their "at will" status. Finally, if I am offered employment, I understand that the Company may transfer me from any location to any other location, with or without notice.

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