

APPLICATION FOR EMPLOYMENT

Please Print (Answer all questions except those in shaded areas)

HEADQUARTERS: 109 E. 40th St. Norfolk, VA 23504 STORE LOCATION:

PERSONAL
NAME SOCIAL SECURITY NO
MAILING ADDRESS
CITY STATE ZIP
HOME TELEPHONE NO. ()
STREET ADDRESS, IF DIFFERENT FROM MAILING ADDRESS
EMPLOYMENT INFORMATION
POSITION APPLIED FORFULL TIMEPART TIME EITHER
HOW DID YOU FIND OUT ABOUT BIG AL'S? HELP WANTED AD NEW STORE OPENING SIGN EMPLOYEE REFERRAL OTHER
REFERRED BY SCHOOL/COLLEGE NAME OF SCHOOL/COLLEGE:
GEOGRAPHIC LOCATION PREFERRED 1
IF HIRED, ARE YOU WILLING TO TRANSFER TO OTHER NEARBY BIG AL'S LOCATIONS? YES NO ARE YOU WILLING TO RELOCATE? YES NO
FOR STORE POSITIONS, ARE YOU AVAILABLE TO WORK THE DAYS AND HOURS OUR STORES ARE OPEN? YES NO
IF HIRED FOR A FULL TIME POSITION, ARE YOU AVAILABLE TO WORK OVER 40 HOURS PER WEEK ON A REGULAR BASIS? YES NO
ARE YOU EMPLOYED NOW? YES NO IF YES, MAY WE CONTACT YOUR EMPLOYER? YES NO
DATE YOU COULD START WORK IF HIRED PAY RATE DESIRED?
HAVE YOU EVER APPLIED AT ANY BIG AL'S MUFFLERS & BRAKES LOCATION BEFORE? YES NO IF YES, WHERE?
HAVE YOU EVER WORKED AT ANY BIG AL'S MUFFLERS & BRAKES LOCATION? YES NO
IF YES, PLEASE PROVIDE DATES AND LOCATIONS:
WHY DID YOU LEAVE BIG AL'S PREVIOUSLY?
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO (Proof of acceptable status requires if hired.)
ARE YOU 18 YEARS OR OLDER? YES NO IF NOT 18 YEARS OR OLDER, PLEASE STATE AGE:
ALL STORE OPERATIONS POSITIONS SUCH AS TECHNICIAN, STORE MANAGER, AND MANY HEADQUARTERS POSITIONS SUCH AS DEPARTMENT MANAGER, CONSTRUCTION WORKER, AND DRIVERS REQUIRE A VALID DRIVER'S LICENSE.
IF REQUIRED, DO YOU HAVE A VALID DRIVER'S LICENSE FOR THE POSITION FOR WHICH YOU ARE APPLYING? YES NO EXP. DATE
DURING THE PAST TEN YEARS, HAVE YOU EVER BEEN CONVICTED OF: A TRAFFIC VIOLATION? YES NO A CRIME? YES NO
IF YES, EXPLAIN CONVICTION (Conviction will not necessarily bar you from employment):

FOR TECHNICIAN AND STORE MANAGEMENT POSITIONS PLEASE ANSW	/ER THE FOLLOWING QUESTIONS:		
1. DO YGU HAVE A VALID STATE VEHICLE INSPECTOR'S LICENSE FOR T	HE POSITION YOU ARE APPLYING FOR?	YES NO N/A	
EXPIRATION DATE: STATE:		•	
2. DO YOU HAVE A.S.E. CERTIFICATION IN BRAKES? YES NO		NO 🗆	
3. DO YOU HAVE YOUR OWN TOOLS? YES NO	_		
4. DO YOU HAVE PERSONAL COMPUTER EXPERIENCE? YES NO			
5. INDICATE YOUR EXPERIENCE LEVEL AS A TECHNICIAN IN USING THE EXPERIENCE LEVELS: A = Less than 1 year; B = 1 to 2 years; C = Mo	EQUIPMENT BELOW: re than 2 years		
LIFTS BRAKE LATHES TORCHES PII	PE BENDER MIG WELDER		
TIRE BALANCING MACHINE ALIGNMENT EQUIPMENT	***************************************		
6. INDICATE YOUR EXPERIENCE LEVEL AS A TECHNICIAN IN THE SERVIC EXPERIENCE LEVELS: A = Less than 1 year; B = 1 to 2 years; C = Mo			
EXHAUST SYSTEMS BRAKE SERVICE SHOCK F	REPLACEMENT SPRING REPL	ACEMENT	
SUSPENSION CV JOINTS ALIGNMENT	INSPECTION OIL CHANGE		
AUTOMOTIVE TECHNICIAN/MECHANIC, STORE MANAGER, CONSTRUCT SOME OF THE POSITIONS THAT REQUIRE VARIOUS PHYSICAL CAPABILITY PICK-UP PARTS AND TOOLS; CLIMBING LADDERS, STEPS, AND ON TOVERHEAD TO REMOVE/INSTALL PARTS; LIFTING TIRES ON/OFF VEHICLOF TIME WHILE WORKING; CARRYING HEAVY ITEMS ON OWN; ASSISTING IF YOU ARE APPLYING FOR A POSITION WHERE VARIOUS PHYSICAL OF FOLLOWING QUESTIONS: 1. ARE YOU ABLE TO SAFELY PERFORM JOB FUNCTIONS THAT RECOVERED IN THE PROPERTY OF THE PROPERTY	TIES. EXAMPLES INCLUDE: PUSHING-PU O RAISED LIFTS; LIFTING TOOLS AND ILES; PAINTING WALLS, CEILINGS, AND F IG OTHERS WITH CARRYING/MOVING HE CAPABILITIES ARE REQUIRED AS A PAI	LLING SPRINGS, TIE RODS; PARTS FOR INSTALLATION LOORS; STANDING FOR LO EAVY ITEMS; DRIVING VEHI RT OF THE JOB, PLEASE	BENDING TO N; REACHING DNG PERIODS CLES; ETC.
2. ARE YOU ABLE TO SAFELY PERFORM JOB FUNCTIONS/ACTIVITIE	S SUCH AS: PUSHING-PULLING, BENDIN	IG, STANDING, SITTING, CL	IMBING,
LIFTING-LOWERING, REACHING? YES NO NO YOU MAY BE ASKED TO DESCRIBE HOW YOU WOULD PERFORM ESSENT	TIAL JOB FUNCTIONS WITH OR WITHOUT	REASONABLE ACCOMMOD	DATION.
EDU	CATION		
NAME OF SCHOOL, CITY AND STATE	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?
HIGH SCHOOL		(Circle)	GRADUATET
		1 2 3 4	
COLLEGE OR TRADE SCHOOL			
		1 2 3 4	
OTHER EDUCATION/TRAINING		1 2 3 4	
HAVE YOU SERVED IN THE U.S. ARMED FORCES? YES NO P	ERIOD OF ACTIVE DUTY: FROM	то	

EMPLOYMENT HISTORY

IF EMPLOYED, LIST CURRENT EMPLOYER FIRST. LIST ALL FORMER EMPLOYERS IN ORDER FOR AT LEAST THE PAST FIVE YEARS. ATTACH ADDITIONAL PAGE IF NECESSARY TO COMPLETE EMPLOYMENT HISTORY.

COMPANY NAME	DATES EMPLOYED FROM TO
ADDRESS	PAY RATE: HOURLY WEEKLY
NAME & TITLE OF YOUR SUPERVISOR	COMPANY TELEPHONE NO. ()
YOUR JOB TITLE:	REASON FOR LEAVING:
YOUR JOB DUTIES:	REFERENCE CHECK DONE BY:
COMPANY NAME	DATES EMPLOYED FROM TO
ADDRESS	PAY RATE: HOURLY WEEKLY
NAME & TITLE OF YOUR SUPERVISOR	COMPANY TELEPHONE NO. ()
YOUR JOB TITLE:	REASON FOR LEAVING:
YOUR JOB DUTIES:	REFERENCE CHECK DONE BY:
COMPANY NAME	DATES EMPLOYED FROM / YR. TO / MO. YR
ADDRESS	PAY RATE: HOURLY WEEKLY
NAME & TITLE OF YOUR SUPERVISOR	COMPANY TELEPHONE NO. ()
YOUR JOB TITLE:	REASON FOR LEAVING:
YOUR JOB DUTIES:	REFERENCE CHECK DONE BY:
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YOUR JOB TITLE:	REASON FOR LEAVING:
YOUR JOB DUTIES:	REFERENCE CHECK DONE BY:
COMPANY NAME	DATES EMPLOYED FROM/ TO/ MO. YR.
ADDRESS	PAY RATE: HOURLY WEEKLY
NAME & TITLE OF YOUR SUPERVISOR	COMPANY TELEPHONE NO. ()
YOUR JOB TITLE:	REASON FOR LEAVING:
YOUR JOB DUTIES:	

AUTHORIZATION

I VOLUNTARILY GIVE BIG AL'S MUFFLERS & BRAKES THE RIGHT TO MAKE A THOROUGH INVESTIGATION OF ALL INFORMATION PROVIDED BY ME, AND RELEASE FROM ALL LIABILITY OR RESPONSIBILITY PERSONS, COMPANIES OR CORPORATIONS SUPPLYING SUCH INFORMATION. APPLICANTS FOR MANAGERIAL POSITIONS MAY BE REQUIRES TO SEPARATELY AUTHORIZE THE OBTAINING OF AN INVESTIGATIVE CONSUMER REPORT FROM AN APPROPRIATE AGENCY IN ORDER TO BE CONSIDERED FOR EMPLOYMENT.

I UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF EMPLOYMENT ELIGIBILITY AND VERIFICATION OF IDENTITY, AS REQUIRED BY THE IMMIGRATION REFORM AND CONTROL ACT OF 1986 (FORM I-9).

I FURTHER UNDERSTAND THAT ANY FALSIFICATION OF INFORMATION PROVIDED BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR IMMEDIATE DISCHARGE AT ANY TIME, IF EMPLOYED.

I UNDERSTAND AND AGREE THAT, IF EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED BY ME OR THE COMPANY AT ANY TIME WITHOUT PREVIOUS NOTICE, SUBJECT TO APPLICABLE LAWS. NOTHING CONTAINED IN THIS APPLICATION FOR EMPLOYMENT SHALL CONSTITUTE AN AGREEMENT OF EMPLOYMENT FOR ANY PURPOSE. NO AGREEMENT OF EMPLOYMENT FOR ANY PERIOD OF TIME, SPECIFIED OR UNSPECIFIED, SHALL BE VALID UNLESS IN WRITING AND SIGNED BY A SENIOR VICE PRESIDENT OR THE PRESIDENT OF THE COMPANY.

APPLICANT SIGNATURE		 DATE	

INTERVIE	WER TO COMPLETE
INTERVIEWED BY	DATE
INTERVIEWED BY	DATE
INTERVIEWED BY	DATE
HIRED YES NO POSITION	STORE/DEPT #
PAY RATE	DATE REPORTING TO WORK
	OCUMENTS NEEDED TO COMPLETE NEW EMPLOYEE PACKET

PROOF OF LEGAL AUTHORIZATION TO WORK IN THE U.S. (I-9 Form).