

**SHINE BROS. CORP.**  
**GRAB & GO AUTO SALVAGE, LLC**

225 10th Avenue SE, P.O. Box 737, Spencer, IA 51301  
Telephone: (712) 262-5579 Fax (712) 262-1911

**APPLICATION FOR EMPLOYMENT**

THIS APPLICATION WILL REMAIN ACTIVE FOR 60 DAYS

Job(s) Applying For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Telephone: ( ) \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**APPLICANT READ**

This application form is intended for use in evaluating your qualifications for employment. Please answer all appropriate questions completely and accurately. All applicants will receive consideration without regard to race, national origin, sex, religion, disability, age or any other prohibited basis of discrimination under applicable state or federal law. Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought. Testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After a conditional offer of employment, and prior to reporting to work, applicants are required to submit to a medical review which includes completing a medical inquiry form and/or a medical examination. By signing below, you indicate that you are at least 18 years old and legally eligible for employment in this country.

**AVAILABILITY** (Please mark your answer)

For which schedules are you available?  Weekdays  Weekends  Overtime  Dayshift  Nightshift

Have you ever been employed here before? If so, when? \_\_\_\_\_  YES  NO

Are you legally eligible for employment in this country?  YES  NO

(Proof of U. S. citizenship or immigration status will be required upon employment)

Date available for work: \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Other

Have you been convicted of a felony in the last seven(7) years?  YES  NO

(Such a conviction may be relevant if job-related but does not necessarily bar you from employment. The recentness, severity and pertinence of the conviction to the job will be considered.)

List the states and counties of residence for the past seven years: \_\_\_\_\_

**SECURITY**

Have you used any names other than those on this page?  YES  NO

If yes, please list and explain. \_\_\_\_\_

**JOB DUTY INFO**

Have you been given a job description or had the requirements of the job explained to you?  YES  NO

Do you understand these requirements?  YES  NO

Are you qualified to perform all of the essential functions of this job with or without accommodations?  YES  NO

If the job requires, do you have the appropriate valid driver's license?  YES  NO

DL# \_\_\_\_\_ Type \_\_\_\_\_ State of Issue \_\_\_\_\_

Have you had any moving violations within the last five(5) years?  YES  NO

Please describe \_\_\_\_\_

Please list any other licenses or certificates that may be job related or that you feel would be of value to this job or company.

## EDUCATIONAL BACKGROUND

Please list education or specialized experience which relates to the position(s) for which you are applying?

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
High School	9 10 11 12		
College			
Other			

## EMPLOYMENT HISTORY

List your past employers starting with the most recent, including military. List others on a separate page.

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		WAGE	PER Hour, Week, Month, Year (please indicate)
		Start \$	Final \$
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		WAGE	PER Hour, Week, Month, Year (please Indicate)
		Start \$	Final \$
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		WAGE	PER Hour, Week, Month, Year (please indicate)
		Start \$	Final \$
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		WAGE	PER Hour, Week, Month, Year (please indicate)
		Start \$	Final \$
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		WAGE	PER Hour, Week, Month, Year (please indicate)
		Start \$	Final \$

**SKILLS & QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with us.

---

---

---

**REFERENCES**

Include any individuals familiar with your work ability. **Do not include relatives.**

NAME	ADDRESS	PHONE (     )	YEARS KNOWN/RELATIONSHIP
		(     )	
		(     )	
		(     )	
		(     )	
		(     )	
		(     )	

**COMMENTS**

---

---

---

Ask for an additional page if necessary.

**CERTIFICATION AND RELEASE**

I certify that I have read and understand the "applicant read" on page one of this form and that the answers given by me to the forgoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application, rescinding an offer, or discharge at any time during my employment. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that this application is not a contract of employment. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice and I understand that no representative of the Employer has the authority to make assurances to the contrary.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_