



Employment Application

Please print or type.

The application must be completed and signed to be considered.

Please complete each section, unless you attach a resume.

Parkway Enterprises, Inc DBA
Caveman Auto Parts

460 NE Agness Ave,
Grants Pass, OR 97526
Office: 541-476-8816
Fax: 541-474-6895

www.cavemanautoparts.com

Personal Information

Name _____

Address _____		City _____	State _____	Zip _____
Phone Number _____	Mobile Number _____	Email Address _____		
Work Authorization: Are you a US Citizen or can you provide authorization to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		Military Service? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, From: _____ To: _____ Branch: _____		

If Selected for Employment, Are You Willing to Submit to a Pre-Employment Drug Screening Test?

Yes No

Caveman Auto Parts
is a Drug Free Workplace.

Many positions are subject to
ongoing drug screenings.

Position

Position You Are Applying For _____	Available Start Date _____	Desired Pay _____
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Employment Desired

Full Time

Part Time

Seasonal/Temporary

Education

School Name	Location	Years Attended	Degree Received	Major

References

(please provide at least two employment related references)

Name	Title	Company	Phone

Employment History

Employer (1)	Job Title		Dates Employed
Work Phone	Duties and Responsibilities		Ending Pay Rate
Address	City	State Zip	Reason for Leaving
Employer (2)	Job Title		Dates Employed
Work Phone	Duties and Responsibilities		Ending Pay Rate
Address	City	State Zip	Reason for Leaving
Employer (3)	Job Title		Dates Employed
Work Phone	Duties and Responsibilities		Ending Pay Rate
Address	City	State Zip	Reason for Leaving
Employer (4)	Job Title		Dates Employed
Work Phone	Duties and Responsibilities		Ending Pay Rate
Address	City	State Zip	Reason for Leaving
Employer (5)	Job Title		Dates Employed
Work Phone	Duties and Responsibilities		Ending Pay Rate
Address	City	State Zip	Reason for Leaving

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print)	Signature
Date	