WHATEVER IT TAKES
TRANSMISSION PARTS, INC

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email: _____

Date Available: _____ Social Security No: _____ Desired Salary: $ _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

If you worked at our company before who was your Supervisor? _____

Do you have any relatives that work here? YES ☐ NO ☐

If Yes, Explain _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address:

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

Full Name: ______________________ Relationship: ____________

Company: ______________________ Phone: ____________

Address: ____

Full Name: ______________________ Relationship: ____________

Company: ______________________ Phone: ____________

Address: ____

Full Name: ______________________ Relationship: ____________

Company: ______________________ Phone: ____________

Address: ____

Previous Employment

Company: ______________________ Phone: ____________

Address: ______________________ Supervisor: ____________

Job Title: ____________ Starting Salary:$ ____________ Ending Salary:$ ____________

Responsibilities: ____

From: ____________ To: ____________ Reason for Leaving: ____________

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: ______________________ Phone: ____________

Address: ______________________ Supervisor: ____________

Job Title: ____________ Starting Salary:$ ____________ Ending Salary:$ ____________

Responsibilities: ____

From: ____________ To: ____________ Reason for Leaving: ____________

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: ______________________ Phone: ____________

Address: ______________________ Supervisor: ____________

Job Title: ____________ Starting Salary:$ ____________ Ending Salary:$ ____________

Responsibilities: ____

From: ____________ To: ____________ Reason for Leaving: ____________

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

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.

Signature: _____ Date: _____

DISCLOSURE AND AUTHORIZATION FOR CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

Company Name: _____

In connection with your application and/or employment with above listed Company (hereinafter "the Company") this notice is provided to inform you that a "consumer report" and/or "investigative consumer report," as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), may be obtained from a consumer reporting agency for employment purposes. These reports may include information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information about you relating to criminal history, credit history, motor vehicle records such as driving records, workers' compensation claims (post job offer or conditional job offer), verification of education or employment history, social media or other background checks. They may involve personal interviews with sources such as your neighbors, friends or associates. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to the Company and National Crime Search, Inc., 3452 E. Joyce Blvd., Fayetteville, AR 72703 – 888-527-3282. For information about National Crime Search, Inc.'s privacy practices see www.nationalcrimesearch.com. The scope of this notice and authorization is not limited to the present and, if you are hired, will continue and allow the Company to conduct future background screenings for retention, promotion or reassignment, unless revoked by you in writing. The Company also reserves the right to share your report with any third-party for whom you will be placed to work with as a representative of the Company.

Acknowledgement and Authorization

You hereby authorize the obtaining of a consumer report and/or investigative consumer report at any time after receipt of this authorization by the Company, and if you are hired, throughout your employment, as permitted by law. You also confirm your understanding and provide consent for this report to be shared with a third-party for whom you may be placed to work as a representative of the Company, if applicable.

_____ _____
Signature Today's Date

_____ _____
Full Legal Name (please print) Other or Former Names (please print)

_____ _____
Address City/State

_____ _____ _____ _____
County Zip Date of Birth** SSN

_____ _____ _____
Name on Driver's License (if different from legal name) Driver's License # State issued

_____ _____
Contact Phone Number E-mail address

****This information will be used for background screening purposes only and no other purpose.**

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Quality & Service Only an Employee-Owned Company can Give.

EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy of WIT, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the Company and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly authorized Company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the Company, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

_____ _____

Signature of Employee Date

_____ _____

Company Representative Date

WHATEVER IT TAKES
TRANSMISSION PARTS, INC

Authorization to Obtain Motor Vehicle Record

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

1. Certifies that the undersigned is an employee or has applied to become an employee of the below named employer in a position which involves the operation of a motor vehicle, and the undersigned gives his or her consent to the release of their driving record (MVR) for review by *Gallagher.*

_____

Name of Employer or Potential Employer

2. 2. That the undersigned authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.

3. That all information presented in this form is true and correct. The undersigned makes this certification and affirmation under penalty of perjury and understands that knowingly making a false statement or representation on this form is a criminal violation.

Name of Employee/potential employee: _____
Print name as it appears on driver's license

License Number & State: _____

Date of Birth: _____/_____/_____

Signature of employee/potential employee: _____

Date: _____

Employer Authorized Representative Name: _____

Gallagher Signature: _____

Date: _____

CC: EE File

LIGHT INDUSTRIAL EVALUATION

"Count the following. Put an "X" next to the correct response."

1. ** **** ****
   ** ***** *****
   **** **** *****
   ***** ***

_____ More than 43
_____ 43
_____ Less than 43

2. ***** ****
   ******** ***
   *** *** ***
   *****

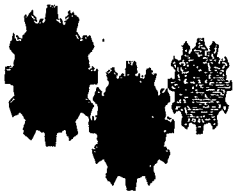
_____ More than 36
_____ 36
_____ Less than 36

3. *** *** *** *
   *** ** *****
   *****

_____ More than 23
_____ 23
_____ Less than 23

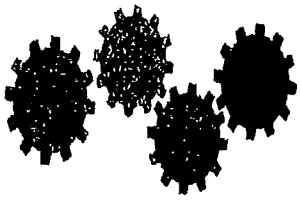
"Count the teeth on the following. Put an "X" next to the correct response."

4.



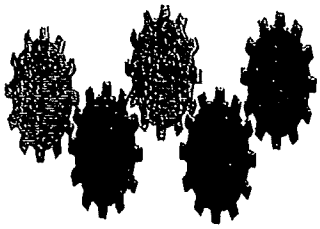
_____ More than 28
_____ 28
_____ Less than 28

5.



_____ More than 33
_____ 33
_____ Less than 33

6.



_____ More than 60
_____ 60
_____ Less than 60

"Put an "X" Between the pairs that are the same"

7. 2365829 _____ 2364829
8. 454554 _____ 454554
9. T.S ELLIOTT _____ S.T ELLIOT
10. CARISLE FOOD COMPANY _____ CARGILLE FOOD COMPANY
11. 70004 _____ 7004
12. 6687721459 _____ 6687721459
13. MARTIN S. PARISH _____ MARTIN S. PARRISH
14. 111101010 _____ 111101010
15. E.E. JOHNSON _____ E.E. JOHNSON
16. TAYLOR'S BAKERY _____ TAILOR'S BAKERY
17. 68241 _____ 6281
18. CARLE PLACE, NY _____ CARLE PLACE, NY

Solve These Problems

19. 62 X6	20. 42 31 + 86	21 6 ⟌ 420
22. 2,092 - 645	23. 123 + 642	24. 6 X 322 _____
25 24 ⟌ 2,640	26. 10 X7	27. 20 + 462

Print the following sentence: Then write the sentence in cursive on the second line.

Working temporary assignments offers you variety, flexibility and challenge.

Print _____

Cursive _____

28. There are 7 rows and 3 cartons per row. How many cartons are there total?

- 10
- 22
- 20
- 19
- 21

29. Put these SKUs in numerical order:

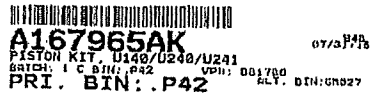
X67249 X53249 X67248 X63284 X54222 X23456

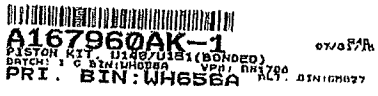
- X67249, X53249, X67248, X63284, X54222, X23456
- X23456, X53249, X54222, X63284, X67248, X67249
- X53249, X23456, X54222, X63284, X67248, X67249
- X67249, X67248, X63284, X54222, X53249, X23456
- X53249, X67248, X67249, X63284, X23456, X54222

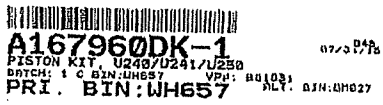
30. Select the matching barcode number:

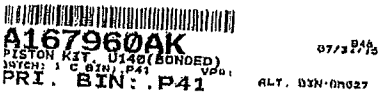
- o A04156B
- o 440156B
- o A40256B
- o A40156B
- o A40165B

31. Put the SKU's in numerical order starting with the lowest number.









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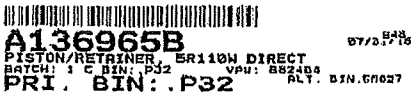
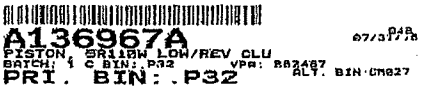
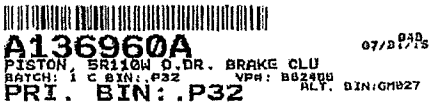
- A167965AK, A167960AK-1, A167960DK-1, A167960AK
- A167960AK-1, A167960DK-1, A167965AK, A167960AK
- A167960AK, A167960AK-1, A167960DK-1, A167965AK

32.







- A136969A, A136960A, A136967A, A136965B
- A136960A, A136969A, A136967A, A136965B
- A136967A, A136965B, A136960A, A136969A
- A136960A, A136965B, A136967A, A136969A

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TRANSMISSION PARTS, INC

Can you stand for a long period during your shift?	Yes No
Can you work and view a computer monitor for an 8 hour shift?	Yes No
Can you Lift and/or carry up to 35 pound regularly during your shift?	Yes No
Can you Lift and /or carry up to 80 pounds regularly during your shift?	Yes No
Can you work around dust if required?	Yes No
Can you wear Proper Safety Equipment-hard hats, goggles, glasses, harness if required?	Yes No
Can Grip, Grasp or twist using your hands or wrists regularly during your shift?	Yes No
Can you type at a keyboard or typewriter regularly for an 8 hour shift?	Yes No
Can you reach up to your head with up to 35 pound loads regularly during your shift, if required?	Yes No
Can you understand Hazardous Communications and Safety Information?	Yes No
Can you climb stairs with loads during your shift?	Yes No
Can you sit for long periods of time?	Yes No
Can you bend or stoop consistently during your shift?	Yes No
Can you work a 10 or 12 hour shift if required ?	Yes No
Can you sort or collate large amounts of paperwork?	Yes No
Do you have any conditions or have you sustained any injury that would have an effect on your capacity to perform the duties of this position with or without reasonable accommodations?	Yes No
Do you have back problems or have you sustained any back injuries?	Yes No
Have you ever had any serious wrist problems including carpal tunnel syndrome?	Yes No
Have you ever had any serious shoulder, knee or leg problems that would have an effect on your ability to climb stairs, stand for a long period of time or walk constantly through out the shift?	Yes No
Do you have any sight/hearing impairments that would effect your ability to perform the essential functions?	Yes No
Do you have any allergies to bees, wasps, or any other insects?	Yes No

Employee Name _____ Date _____

Employee Signature _____