



Anticipating needs, meeting demands. Reducing costs.

Application Packet Information

This is an explanation of the forms included in the Applications Packet. All forms that are REQUIRED must be included when the Application Packet is turned into Sage Parts. Any incomplete forms will delay the interview process.

Form information:

- Application for Employment: Must be filled out by all persons applying for a position with Sage Parts. REQUIRED
- Application Supplement- Living History: This form is used for the Applicant to have additional space to list any address where they lived within the past 10 years. The FAA requires a ten-year living history.
- Consent Form: The applicant MUST fill out this form. This form is your consent to allow Sage Parts to run a background check. REQUIRED
- Reference Check: The applicant must provide us with (2) references to be completed on the enclosed form. The references must be filled out completely.

Candidate under consideration for any position with Sage Parts must satisfactorily complete a drug test and complete a background check prior to beginning employment.



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EMPLOYMENT APPLICATION

Please fill out this application completely and accurately.

Today's Date: _____

- A. Answer each question. Leave no blanks.
- B. Account for all periods of unemployment or inactivity.

Position Applied for: _____

I desire to work: Full Time Yes No

Part Time Yes No

Name (First, Middle, Last) _____

Have you ever been known by any other name? If so, what? (include Maiden Names) _____

Current Address _____

City _____

State _____

Zip _____

() _____

Home phone number

() _____

Cell phone number

() _____

Work phone number

Social Security Number _____

E-mail address _____

How did you learn of this position?

Internet – Name of website: _____ Newspaper or print ad? Name of publication: _____

Other source: _____

Are you legally eligible to work in the United States? Yes No Are you 18 years of age or above? Yes No

Do you have a valid driver's license? Yes No State in which issued: _____ Exp Date: _____

Do you have reliable transportation? _____

Names of applicant's relatives already employed by Sage Parts Plus: _____

EMPLOYMENT RECORD

Sage Parts requires a 10-year employment and background history check. The last five years of each employee's history may be verified. Leave no gaps in your employment history. Account for all time in the last 10 years. All unemployment intervals must be recorded. Do not leave any lines blank. BEGIN WITH MOST RECENT EMPLOYER—LAST FIVE YEARS

Present/last employer		Type of business
Address (Street, City, State, Zip)		Phone Number ()
Beginning title	Beginning Date	Beginning salary & commission \$ per
Beginning duties		
Ending title	Ending Date	Ending salary & commission \$ per
Ending duties		
What did you like best about this job?		What did you dislike?
Reason for leaving		
Last supervisor's name	Title	May we contact this employer without jeopardizing your position? Yes No

Previous employer		Type of business
Address (Street, City, State, Zip)		Phone Number ()
Beginning title	Beginning Date	Beginning salary & commission \$ per
Beginning duties		
Ending title	Ending Date	Ending salary & commission \$ per
Ending duties		
What did you like best about this job?		What did you dislike?
Reason for leaving		
Last supervisor's name		Title

Previous employer		Type of business
Address (Street, City, State, Zip)		Phone Number ()
Beginning title	Beginning Date	Beginning salary & commission \$ per
Beginning Duties		
Ending Title	Ending Date	Ending salary & commission \$ per
Ending duties		
What did you like best about this job?		What did you dislike?
Reason for leaving?		
Last Supervisor's name		Title

EDUCATION

List all schools attended	Name and address of school	Graduated Yes or No	Degree/Diploma Received	Major Course
High School				
College/ University				
College/ University				
Graduate School				
Business or Technical School				

If you attended college but did not graduate, how many units are needed to fulfill your degree requirements?
 Need _____ Additional units for a _____ degree in _____

Are you presently attending school? ___ No ___ Yes
 Please list school and courses _____

REFERENCES (Do not include employers or relatives)

1	Name _____	How known? (Friend, coworker, etc.)
	Address (Street, City, State, Zip) _____	Years known: _____
		Phone () _____
2	Name _____	How known? (Friend, coworker, etc.)
	Address (Street, City, State, Zip) _____	Years known: _____
		Phone () _____
3	Name _____	How known? (Friend, coworker, etc.)
	Address (Street, City, State, Zip) _____	Years known: _____
		Phone () _____

SKILLS & QUALIFICATIONS

Summarize any training skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying _____

MILITARY EXPERIENCE

Have you ever served in the US Armed Forces? _____ Which branch? _____

What was your military occupational specialty? _____

Date of active service: From: _____ To: _____

Do you have a reserve commitment? _____ If yes, expiration date: _____

Name, address and phone number of reserve unit _____

1. HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC VIOLATIONS?

Yes No If you checked yes, explain in detail _____

2. HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED?

Yes No REASON _____

3. HAVE YOU EVER BEEN CONVICTED OF DRUNK DRIVING?

Yes No NUMBER OF TIMES? ____ WHEN _____

4. ARE THERE ANY EVENTS OR OCCURRENCES IN YOUR BACKGROUND THAT YOU WOULD LIKE TO EXPLAIN BEFORE SAGE INITIATES A BACKGROUND INVESTIGATION? If you checked Yes, explain on the back.

Yes No

5. HAVE YOU EVER BEEN ASKED TO RESIGN OR BEEN FIRED FROM A JOB? Yes No

If your answer is Yes, indicate where, when and for what reason.

6. HAVE YOU EVER RECEIVED A BELOW AVERAGE OR UNSATISFACTORY PERFORMANCE APPRAISAL?

Yes No If your answer is Yes, indicate where, when and for what work. _____

I understand that if I employed, and misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all References, Employers, Educational Institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations from furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration from employment on a basis prohibited by local, state or federal law.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I understand that this application does not constitute an agreement or contract for employment or any specified period or definite duration.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Print Name: _____

Signature: (in ink) _____

Date: _____

Sage Parts is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age, Handicap or National Origin.

SAGE PARTS PLUS, INC.

BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize *Sage Parts Plus, Inc.* and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, driving history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with Sage Parts Plus, Inc..

I release *Sage Parts Plus, Inc.* and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed)

Maiden Name or Other Names Used

Present Address

How Long?

City/State

Zip?

Former Address

How Long?

City/State

Zip?

*Date of Birth

Social Security Number

Driver's License Number

State of License

Signature

Date

**NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. Sage Parts Plus, Inc. is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.*



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Applicant Reference Check

To be filled out by Applicant:

Candidate Name: _____ Job Applied for: _____

Reference Address: _____

Reference Telephone #: _____ Fax: _____

Name of Reference: _____ Reference Title: _____

I _____ authorize _____ to release this
 (Print candidate name) (Previous employer)
 information to Sage Parts.

Candidate Signature: _____

To be filled out by Reference:

- The applicant was an employee of your company? Yes No
- The period of employment was from ___/___/___ to ___/___/___.
- The applicant's ending salary was _____ hourly weekly yearly.
- The applicant's last known job title. _____.
- What was your relationship to the candidate _____?
- How would you rate the following three areas from Excellent to Poor?

Reference Data	Excellent	Good	Fair	Poor	Comments
Cooperation and reliability					
Job knowledge and productivity					
Quality of work					
Teamwork					

- Would you rehire this applicant? Yes No

Please fax information to (631) 501-0398 or email to kphillips@sageparts.com

Sage Parts
30 Hub Drive
Melville, NY 11747



Application Supplement – Living History

Number of years at this Address: _____

Enter dates you lived at this address: ___/___/___ to ___/___/___

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Number of years at this Address: _____

Enter dates you lived at this address: ___/___/___ to ___/___/___

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Number of years at this Address: _____

Enter dates you lived at this address: ___/___/___ to ___/___/___

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Number of years at this Address: _____

Enter dates you lived at this address: ___/___/___ to ___/___/___

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Signature of Applicant

Date