



Anticipating needs, meeting demands. Reducing costs.



APPLICATION PACKET INFORMATION

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

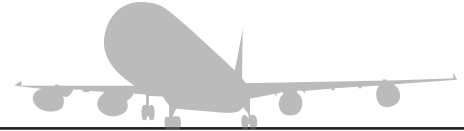
Form Information

- 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 candidate to have additional space to list any addresses where he or she has lived within the past 10 years. The FAA requires a ten-year living history.
- Consent Form: The candidate MUST fill out this form. This form is your consent to allow Sage Parts to run a background check. REQUIRED
- Reference Check: The candidate must provide us with (2) references to be completed on the enclosed form. The references must be filled out completely.

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



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EMPLOYMENT APPLICATION

Please fill out this application completely and accurately.

Today's Date: _____

Answer each question. Leave none blank.

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) _____

Current Address _____

City _____ State _____ Zip _____

Home Phone Number (____)____-____ Cell Phone Number (____)____-____

Work Phone Number (____)____-____ Email Address _____@_____

Social Security Number _____-_____-_____

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 Issuing State: _____ Exp Date: _____

Names of candidate's relative(s) 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 candidate's history may be verified. Leave no gaps in your employment history. Account for all time within 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 Duties:	
Ending Title :	Ending Date
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

Present/Last Employer:	Type of Business
Address (Street, City, State, Zip)	Phone Number () -
Beginning Title:	Beginning Date
Beginning Duties:	
Ending Title :	Ending Date
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

Present/Last Employer:	Type of Business
Address (Street, City, State, Zip)	Phone Number () -
Beginning Title:	Beginning Date
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Present/Last Employer:	Type of Business
Address (Street, City, State, Zip)	Phone Number () -
Beginning Title:	Beginning Date
Beginning Duties:	
Ending Title :	Ending Date
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

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 _____ Address (street, city, state, zip) _____	Relationship? (friend, coworker, etc.) Years known? Phone () -
2.	Name _____ Address (street, city, state, zip) _____	Relationship? (friend, coworker, etc.) Years known? Phone () -
3.	Name _____ Address (street, city, state, zip) _____	Relationship? (friend, coworker, etc.) 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 a minor traffic violation?

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? Yes No If you checked Yes, explain on the back.

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 reason. _____

I understand that if I am employed, any 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, and Educational Institutions 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: _____



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BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize Sage Parts Plus, Inc. and/or its agents to conduct 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 persons or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits in regards to 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:

Print Full Name

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

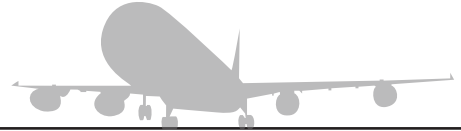
Signature Date

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualification 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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CANDIDATE REFERENCE CHECK

To be filled out by candidate:

Candidate Name: _____ Job Applied for: _____

Reference Address: _____

Reference Telephone Number: _____ 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 candidate:

Candidate Name: _____ Job Applied for: _____

Reference Address: _____

Reference Telephone Number: _____ Fax: _____

Name of Reference: _____ Reference Title: _____

I _____ authorize _____ to release this
(print candidate name) (previous employer)
information to Sage Parts.

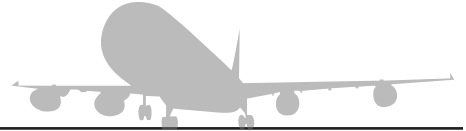
Candidate Signature: _____

Please fax information to (631) 501-0398 or email to domalley@sageparts.com
Sage Parts, 30 Hub Drive, Melville, NY 11747





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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 Candidate: _____ Date _____

