



**APPLICATION FOR EMPLOYMENT**  
**(WE ARE AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER)**

**APPLICANT'S STATEMENT**

I understand that Action Tire Company is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, or any other category protected by federal, state, or local law.

I authorize former and present employers, and professional, work, and personal references listed in the application and any other individuals I may name, to give the Company or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release such parties from all liability for any damages that may result from furnishing same to the Company. I also authorize the Company to provide truthful information concerning my employment with it to future employers and I agree to hold it harmless for providing such information.

I understand that the Company reserves the right, to the extent permitted by law, to require drug and alcohol screening tests of an applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any such tests. I consent to the release of the results of any such tests to the Company or its designee. I release the Company and its designee from any and all liability and damages which may result or arise from any drug test or the provision of information in connection with such a test.

I understand that this employment application and any other Company documents are not promises of employment. Should I be employed, I understand that my employment will be on a trial period for ninety (90) days from the date of my hiring, and that I will remain an at-will employee thereafter. I further understand that, if I am employed, I can terminate my employment at any time with or without cause and with or without advance notice, and that the Company has a similar right. I understand that no manager, representative, or agent of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, except that the President may do so in writing.

The information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the Company's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

I certify that I have received a separate written notification that the Company may obtain a consumer report on me for use in connection with my application and, if I am hired, my employment with the Company. I authorize the Company to obtain this report.

This application will be considered "active" for a maximum of thirty (30) days. To be considered for employment after that time, you must reapply.

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THESE STATEMENTS.**

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

Each inquiry on this application must be fully answered or completed. Otherwise, you will not be considered for employment.

**PERSONAL DATA**

Last Name		First Name		Middle Name
Present Address Street and Number City, State, Zip		How long have you lived there: Years _____ Months _____		
Previous Address Street and Number City, State, Zip		How long have you lived there: Years _____ Months _____		
Telephone Number(s)		Social Security Number	Are you 18 years of age or older: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Desired: _____		Placement Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		
When are you available for work? _____				

**PREVIOUS EMPLOYMENT**

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Include part-time and seasonal employment. If self-employed, give firm name and supply business references. DO NOT ANSWER "SEE RESUME." Fill out this form **completely**.

<b>Employer 1</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
Telephone Number(s)				
Address		<b>Hourly Rate/Salary</b>		
Job Title	Supervisor Name & Title	<b>Starting</b>	<b>Final</b>	
Reason for Leaving				
<b>Employer 2</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
Telephone Number(s)				
Address		<b>Hourly Rate/Salary</b>		
Job Title	Supervisor Name & Title	<b>Starting</b>	<b>Final</b>	
Reason for Leaving				
<b>Employer 3</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
Telephone Number(s)				
Address		<b>Hourly Rate/Salary</b>		
Job Title	Supervisor Name & Title	<b>Starting</b>	<b>Final</b>	
Reason for Leaving				
<b>Employer 4</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
Telephone Number(s)				
Address		<b>Hourly Rate/Salary</b>		
Job Title	Supervisor Name & Title	<b>Starting</b>	<b>Final</b>	
Reason for Leaving				

**BACKGROUND INFORMATION**

Please explain fully any gaps in your employment history. Be sure to account for all periods of time including military service and any period of unemployment.

---



---



---

List any other names which you may have used and which will be necessary to verify prior to your employment: \_\_\_\_\_

---

If hired, can you provide proof that you are legally entitled to work in the U.S.?  Yes  No

If not, what steps must be taken for you to begin employment lawfully? \_\_\_\_\_

Have you ever been terminated or asked to resign from any job?  Yes  No

If yes, please explain circumstances: \_\_\_\_\_

---

May we contact your current employer?  Yes  No

If no, please explain: \_\_\_\_\_

Have you ever worked for this Company before?  Yes  No

If yes, please give dates and position: \_\_\_\_\_

Do you have any friends or relatives working here?  Yes  No

If yes, Name(s) and Relationship: \_\_\_\_\_

How were you referred to us?

---

Have you ever plead “no contest,” nolo, or guilty to a crime, or been convicted of a crime?  Yes  No

Are any charges currently pending against you?  Yes  No

Has any adjudication ever been withheld?  Yes  No

(NOTE: Answering “yes” to these questions does not constitute an automatic bar to employment.) If you answered yes to any of the preceding questions, please give dates and details:

---

Do you have any commitments to any other employer which may affect your employment?  Yes  No

If yes, explain: \_\_\_\_\_

**EDUCATION**

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Experience, Training, Skills, and Extra-Curricular Activities
Elementary	4 5 6 7 8			
High School	9 10 11 12			
College/University	1 2 3 4			
Graduate/Professional	1 2 3 4			
Trade or Correspondence				

**RELEVANT EXPERIENCE**

Please indicate positions you have held in prior jobs:

<u>Management/Supervision</u>	<u>Office/Administrative/Sales</u>	<u>Production</u>	<u>Warehouse</u>
<input type="checkbox"/> General Manager	<input type="checkbox"/> Accounting	<input type="checkbox"/> Machine Operator	<input type="checkbox"/> Stock Clerk
<input type="checkbox"/> Operations Manager	<input type="checkbox"/> General Clerical	<input type="checkbox"/> Mechanic	<input type="checkbox"/> Forklift Operator
<input type="checkbox"/> Sales Manager	<input type="checkbox"/> Secretary (Wpm: _____)	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Order Picker/Puller
<input type="checkbox"/> Warehouse Manager	<input type="checkbox"/> Switchboard/Receptionist	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Stacker/Loader
<input type="checkbox"/> Office Manager	<input type="checkbox"/> Sales Representative	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Shipping/Receiving Clerk
<input type="checkbox"/> Shift Supervisor	<input type="checkbox"/> Customer Service		<input type="checkbox"/> Delivery
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____

List any professional designations, certifications, licenses, or courses that may be applicable to the position for which you are applying:

---

**OTHER INFORMATION**

Please describe any other experience that you have which would be relevant to the job for which you are applying:


**DRIVING INFORMATION** (Complete only if driving is an essential function of the job for which you are applying).

Do you have a current valid driver's license?  Yes  No If yes, License No.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If you do not have a driver's license for the state in which you currently reside, why not? \_\_\_\_\_

Has your license ever been suspended or revoked?  Yes  No If yes, explain: \_\_\_\_\_

Do you have personal automobile insurance?  Yes  No If no, explain: \_\_\_\_\_

Have you ever been denied personal automobile insurance or has it ever been terminated or suspended?  Yes  No If yes, explain: \_\_\_\_\_

Have you ever been convicted, pled guilty or pled nolo to a charge of DWI or DUI?  Yes  No

Are any such charges currently pending against you? If yes to either question, explain: \_\_\_\_\_

Please list all moving traffic violations in the last five (5) years:

OFFENSE	DATE	LOCATION	COMMENTS

**DO NOT FILL OUT FOR**  
***ACTION TIRE CO.***  
**USE ONLY**

DATE INTERVIEWED: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_

REFERENCES CHECKS:       Yes    No

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HIRED:       Yes    No

POSITION: \_\_\_\_\_

DEPT: \_\_\_\_\_

SALARY / WAGE: \_\_\_\_\_

DATE REPORTING TO WORK: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# **AFFIRMATIVE ACTION VOLUNTARY SURVEY**

It is our policy to provide equal employment opportunity to all applicants for employment without regard to race, color, religion, sex, national origin, citizenship status, age, disability, or veteran status. We also comply with all laws governing employment practices.

VARIOUS AGENCIES OF THE GOVERNMENT REQUIRE EMPLOYERS TO COLLECT INFORMATION ON APPLICANTS. INFORMATION REQUESTED ON THIS FORM IS FOR PURPOSES OF COMPLIANCE WITH THESE RECORD KEEPING REQUIREMENTS AND TO DETERMINE RECRUITING AND EMPLOYMENT PATTERNS. Such information will in no way affect the decision regarding your application for employment. The survey is not part of your official employment application and it will be kept confidential and maintained separately from your application form. It will not be used in any hiring decision.

Completion of this form is voluntary and not required for employment.

<b>NAME</b> _____		<b>DATE</b> _____	
<b>POSITION APPLIED FOR</b> _____			
<b>RACE:</b>		<b>SEX:</b>	
_____	White	_____	Female
_____	Black or African-American		
_____	Hispanic or Latino	_____	Male
_____	Asian or Pacific Islander		
_____	American Indian/Alaskan Native		
_____	<b>Disabled</b> (Anyone having any physical or mental impairment which substantially limits one or more major life activities).		
_____	<b>Special Disabled Veteran</b> (A person who (1) is entitled to disability veteran compensation under laws administered by the Veterans Administration for a disability rated at 30% or more; or (2) was discharged or released from active duty because of a service-connected disability).		
_____	<b>Vietnam Era Veteran</b> (A veteran who is honorably discharged and served 180 days of active duty between 08/05/64 and 05/07/75).		
_____	<b>Other Eligible Veteran</b> (A veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized).		