



This company does not discriminate on the basis of race, national origin, age, sex, marital status or disability

EMPLOYMENT APPLICATION

PLEASE READ THESE INSTRUCTIONS BEFORE YOU BEGIN TO FILL OUT THE APPLICATION

This application shall be effective for 30 days after today's date. If you have any questions or need help with the application, please let us know so that we can assist you. This is not a contract. This employment application is being used for the sole purpose of determining if you are qualified for the job. It is very important that you answer all questions accurately. If you make false or misleading statements on this employment application or during the interview, upon discovery, it will be grounds for rejecting your application or terminating your employment.

For which position are you applying? _____

PERSONAL DATA

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

Prior Address: _____

Social Security Number: _____

Home Phone: _____ Work Phone: _____

EDUCATIONAL DATA

School	Location	Graduate?	Degree?
High School			
College			
Other			

EMPLOYMENT DATA

Note: List all employers in chronological order beginning with your most recent employer:

Employer: _____ Address: _____

Phone: _____ Position/Title: _____

Describe Work Duties: _____

Dates Employed – From: _____ To: _____ Supervisor: _____

Base Salary: _____ per _____ (hour, week, year)

Reason for Leaving: _____

Employer: _____ Address: _____

Phone: _____ Position/Title: _____

Describe Work Duties: _____

Dates Employed – From: _____ To: _____ Supervisor: _____

Base Salary: _____ per _____ (hour, week, year)

Reason for Leaving: _____

(Please continue to the back side)

EMPLOYMENT DATA (cont.)

Employer: _____ Address: _____
Phone: _____ Position/Title: _____
Describe Work Duties: _____
Dates Employed – From: _____ To: _____ Supervisor: _____
Base Salary: _____ per _____ (hour, week, year)
Reason for Leaving: _____

QUESTIONS RELATED TO YOUR JOB ABILITIES

_____ Yes _____ No Have you been given a job description or had the requirements of the job explained to you?
_____ Yes _____ No Do you understand these requirements?
_____ Yes _____ No Can you perform the requirements of this job with or without reasonable accommodations?
_____ Yes _____ No I am willing to submit to drug testing prior to or during employment.
_____ Yes _____ No I understand that company policy may provide that I submit to a medical review after an offer of employment and I agree to the medical review.
_____ Yes _____ No Have you been convicted of or served time for a felony? If so, please describe. (This information will be evaluated with reference to its relation to ability to perform the job.)
_____ Yes _____ No Have you used other names or social security numbers besides those listed on the employment application? If so, please list.

If you are applying for a position which requires you to operate a motor vehicle, please answer the following questions.

_____ Yes _____ No Do you have a valid driver license from the state in which you reside?
License Number: _____ Type of License: _____
Name of State: _____
_____ Yes _____ No Have you been convicted of any moving violations within the past five years? If so, list date and type of violation.
_____ Yes _____ No Have you been convicted of driving while under the influence of alcohol or drugs, or of reckless driving during the past 7 years? If so, please list dates and types of violation.

REFERENCES (Please list only references that are acquainted with your work-related activities).

Name: _____ Address: _____ Phone: _____ Years Known: _____
Name: _____ Address: _____ Phone: _____ Years Known: _____

PLEASE READ CAREFULLY

I verify that all information in this employment application is true and correct. The company is authorized to contact prior employers, schools, and references listed above and they may provide my records, reason for leaving, and all other information they may have concerning me and I release all parties from any and all liability or claims for damage whatsoever that may result there from. I release the company of liability for injuries resulting from any physical or mental disorders. I have read all of the information on this application. I understand that that the employment application is not a contract. I understand that employment by the company is at will. I acknowledge that if hired, either the company or I may terminate the employment relationship at any time with or without cause. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that if I have misled the company by providing false information, misleading information or omissions on this application, it may result in rejection of my application or discharge from employment. I understand that the use of illegal drugs is prohibited.

Signature: _____ Date: _____



Employment Screening Policy

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

S & S Tire requires, as a condition of employment, and/or continued employment that all applicants consent to and authorize a verification of the information submitted on their application or resume. **Please read this statement carefully.**

This release and authorization acknowledges that S & S Tire may now, or at any time while I am employed, conduct a verification of my education, employment history, credit history, and motor vehicle records including accident history. In addition, I understand that an Investigative Consumer Report may be requested and I understand that this report may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with the reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates and personal references who have knowledge concerning such items of information. In addition, S & S Tire may require that I provide a urine specimen to be tested for the presence of drugs or alcohol, and may request and receive any record of criminal history or other relevant information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency, and/or other information as deemed necessary to fulfill the job requirements.

I have read and understand this release and consent and authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and agencies providing such information from any and all claims of damages in connection to their release of any requested information. I agree that any copy of this document is as valid as the original.

I authorize Reference Services, Inc. and any of its agents and/or employees to disclose verbally and in writing the results of this verification process to the designated authorized representatives of S & S Tire. The results may be used to determine employment eligibility under this Company's employment policies.

I do hereby agree to forever release and discharge S & S Tire, its agents, Reference Services, Inc. its agents as well as any and all agencies providing such information to the full extent permitted by law from any claims, damages, losses, liabilities, cost and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on the information obtained by my prospective employer, and to receive, upon request, a disclosure of the public record information and of the nature and scope of the investigative report. If I am a resident of Minnesota, California, or Oklahoma only and would like a copy of the investigative report, I will check here ____.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal. I also acknowledge that any employment with S & S Tire is at will employment and either the company or the employee can terminate the employment relationship at any time, with or without cause, with or without notice.

Please provide all requested information and provide address for the last seven – (7) years

Applicant's Name, Printed – Last, First, Middle Maiden or Other Name(s) Used

Current Address – City, State, Zip How Long County

Previous Address – City, State, Zip How Long County

Previous Address – City, State, Zip How Long County

Social Security Number Date of Birth

Print Name as it appears on Driver License State Driver License Number

May we contact present employer for reference?
() Yes () No _____
Signature Date