

MID-STATE TIRE DISTRIBUTORS

Application for Employment

Federal law prohibits discrimination in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship, or on the basis of age. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with Federal regulations. **This company plans to verify the accuracy of the statements you make on this application.** This application will receive consideration for **thirty (30) days**. If you have not heard from the company within thirty days and wish to receive further consideration for employment, you must reapply in person.

PERSONAL INFORMATION

Date: _____

Name:

First

Middle

Last

Present address:

City

State

Zip Code

Contact Info:

Phone Number

Email Address (Required if hired)

Are you 18 years or older?

Yes

No

If NO, list date of birth

____ / ____ / ____
(Mo) (Day) (Year)

GENERAL

Are you legally eligible for employment in the United States?

Yes

No

Proof of eligibility will be required before you can be employed.

What date are you available for employment?

Have you ever applied for a position with Mid-State Tire Distributors?

Yes

No

If yes, what location?

When?

Are you presently on layoff or leave of absence from any other company?

Yes

No

If yes, please explain:

Referred By:

Have you ever pleaded guilty, "no contest" to, or been convicted of a crime other than a minor traffic violation?

Yes

No

If yes, please state citation, date and place where offense occurred:

EDUCATION

Elementary School:

Circle grade completed:

1 2 3 4 5 6 7 8

Name of High School:

Location:

Circle grade completed:

1 2 3 4

Did you graduate high school?

Yes

No

College(s) Location(s):
(include Junior and Community)

Date
From

Date
To

Date
Graduated

Date degree
received/expected

Course of study
Major / Field

Other job-related educational
institutions or training

WORK REFERENCES

Type of employment desired? Full-time Part-time Summer Will you work shifts? _____

For what type of position are you applying? _____ What Location? _____

Are you restricted to working only certain hours of the day? Yes No

If yes, indicate the hours you are available: _____

Are you restricted from working certain days of the week? Yes No

If yes, indicate the days you are available: _____ M T W Th F Sat Sun

DRIVING INFORMATION

Do you have a current driver's license? Yes No Class: _____

State: _____ License # _____ Expiration date: _____

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

Offense _____ Date _____ Location _____

Offense _____ Date _____ Location _____

Offense _____ Date _____ Location _____

Offense _____ Date _____ Location _____

FORMER EMPLOYERS (List last four employers below starting with last employer first)

Date - Month & Year	Name & Address of Employer	Salary	Position	Reason for leaving
From _____ To _____				
From _____ To _____				
From _____ To _____				
From _____ To _____				

REFERENCES

List three people below, who are not related to you, who you have known at least one year

Name	Address	Phone #	Business	Years known

As an applicant for employment, I understand the following:

- * Any misrepresentation or falsification of information requested here will be cause for rejection of this application or for subsequent discipline up to and including my dismissal from employment.
- * If my application for employment is accepted, the effective date of my employment shall be the time I actually begin to work. If I am employed, I agree to comply with the safety and health rules and regulations of the company.
- * No management official is authorized to make any oral assurance or promise of continued employment.
- * I authorize without liability investigation of all statements contained in this application.
- * **I understand and agree that, if hired, my employment is "at-will". This means that either I or the company may end the employment relationship at any time with or without notice or reason.**

_____ Date

_____ Signature