

Express Tire Employment Application

An Equal Opportunity Employer

Please Print Legibly

Date Last Name First Name Middle

Present Address

No. & Street City State Zip

Mailing Address (if different from present address)

No. & Street City State Zip

(_____) _____ (_____) _____ - _____ - _____
Cell Phone Home Phone Social Security Number

Employment Desired

Position applying for: _____

Are you applying for?

Regular full-time work?..... Yes No

Regular part-time work?..... Yes No

Temporary work, e.g., summer or holiday work?..... Yes No

What days and hours are you available for work?

Are you available for work on weekends? Yes No

Would you be available to work overtime, if necessary? Yes No

If hired, on what date can you start work? _____ Salary desired:

Personal Information

Have you ever applied to or worked for Express Tire before?..... Yes No

If yes, when? _____

Do you have any friends or relatives working for Express Tire?..... Yes No

If yes, state name(s) and relationship:

Name Relationship

Name Relationship

Name Relationship

Name Relationship

If hired, would you have a reliable means of transportation to and from work? . Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform

essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

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Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

Education, Training and Experience

School	Name City, State	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	City _____ State _____ Zip _____			
College/ University	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	City _____ State _____ Zip _____			
Vocational/ Business	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	City _____ State _____ Zip _____			

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? Yes No

If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Express Tire? Yes No

If so, please explain:

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____

Issuing state: _____

License/certification number _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension and date of reinstatement.

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____ Telephone No. (____) _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: _____

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

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Name of Employer _____ Telephone No. (_____) _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Name of Employer _____ Telephone No. (_____) _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Name of Employer _____ Telephone No. (_____) _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name _____ Last Name _____ Telephone No. (_____) _____

Address & Street _____ City _____ State _____ Zip _____

Occupation _____ No. of Years Acquainted _____

First Name _____ Last Name _____ Telephone No. (_____) _____

Address & Street _____ City _____ State _____ Zip _____

Occupation _____ No. of Years Acquainted _____

First Name _____ Last Name _____ Telephone No. (_____) _____

Address & Street _____ City _____ State _____ Zip _____

Occupation _____ No. of Years Acquainted _____

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Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for
Initials employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record education and other matters
Initials related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or
Initials during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

_____ Should a search of public records be conducted by internal personnel employed by the Company, I am entitled to Initials _____ copies of any such public records obtained by the company unless I mark the check box below. If I am not hired as a
result of such information, I am entitled to a copy of any such records even though I have checked the box below. ōPublic recordsö are defined by California state law and means records documenting an òarrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment.ö (Civil Code section 1786.53) Any public records request conducted by internal personnel employed by the company will only be used to the extent allowed by federal, state, or local law.

I waive receipt of a copy of any public record described in the paragraph above.

I certify that answers given herein are true and complete. I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an òat willö nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this òat willö employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Date

Applicant's Signature