

# 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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The information requested below is necessary for the specific position for which you are applying. A "yes" answer will not necessarily disqualify you from the position. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered. Any information regarding criminal history will be maintained confidentially.

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Please do not list misdemeanor convictions for marijuana-related offenses that are more than two years old and convictions that have been judicially dismissed, expunged or ordered sealed pursuant to law.)..... YES  NO

If yes, state the nature of the crime(s), when and where convicted, disposition of the case and any additional information you believe may be relevant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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
<b>High School</b>	Name _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>College/ University</b>	Name _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Vocational/ Business</b>	Name _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

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: \_\_\_\_\_ Hourly Rate or Annual Salary: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

\_\_\_\_\_  
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: \_\_\_\_\_ Hourly Pay or Annual Salary: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

\_\_\_\_\_  
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: \_\_\_\_\_ Hourly Rate or Annual Salary: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

\_\_\_\_\_  
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: \_\_\_\_\_ Hourly Rate or Annual Salary: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

\_\_\_\_\_  
Your Position and Duties \_\_\_\_\_

\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference? .....  Yes  No

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Note: Attach additional page(s) if necessary.

