

APPLICATION FOR EMPLOYMENT

DATE: _____

(Please Print)

Personal Information

Last Name	First Name	Middle Name or Initial	
Date of Birth ____/____/____	Can you Provide documentation to verify Date of Birth? YES / NO		
Social Security Number ____-____-____	Home Phone Number (____) ____-____	Emergency Phone Number (____) ____-____	
Current/Present Street Address	City	State	Zip Code
How long have you lived at current address? ____ years ____ months	How long did you live at previous address? ____ years ____ months		
Previous Street Address	City	State	Zip Code

Tire Experience (Please explain in DETAIL on the lines below)

License Information

	State	License Number	Type	Expiration Date
Driver				
Licenses				

Driving Experience

Class of Equipment Straight/Semi Etc.	Type of Equipment Van, Tanker, Flat Etc.	Dates		Approximate # of Miles (Total)
		From	To	

Accident Record (Attach sheet if you need more space to complete this section)

Type	Date	Accident Detail(s)	Injuries	Fatalities

Traffic Conviction / Forfeitures (Other than parking violations)

Location	Date	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____ Yes _____ No
 Has any license, permit or privilege ever been suspended or revoked? _____ Yes _____ No
 If the answer to either of the above questions is Yes, please explain:

Employment History (List in reverse chronological order with last employer first)

1. Most recent employer Employment Dates Job Title Supervisor(s) Name
 Company Name: From - To

Company Address: _____
 Company Phone Number(s) _____
 Position(s) Held: _____
 Reason for Leaving: _____
 Describe Duties: _____

2. Next most recent Employment Dates Job Title Supervisor(s) Name
 Employer From - To

Company Address: _____
 Company Phone Number(s): _____
 Position(s) Held: _____
 Reason for Leaving: _____
 Describe Duties: _____

3. Next most recent Employment Dates Job Title Supervisor(s) Names
 Employer From - To

Company Address: _____
 Company Phone Number(s): _____
 Position(s) Held: _____
 Reason for Leaving: _____
 Describe Duties: _____

By signing my name below, I certify that the answers given in this application for employment are true and correct to the best of my knowledge. I authorize such inquiry by Industrial Tire of CNY into statements made in this application as may be necessary in reaching an employment decision. I hereby release Industrial Tire of CNY and any persons or institutions so contacted from any liability of information furnished as a result of such contact. I understand that any false or misleading information given in this application, including a failure to disclose requested information may result in my termination. I understand that any employment with this employer is "at will" which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. I also understand that this "at will" employment relationship may not be changed by any written document or by any behavior unless the change is specifically acknowledged in writing by Industrial Tire of CNY. **Signature:** _____