

# Application For Employment

North American Commercial Tire Resources Inc. is an equal opportunity employer, committed to a policy of non-discrimination in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law.

**Complete all information as requested. Please print.**

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

## I. Personal Information

Name: \_\_\_\_\_

Last

First

Middle

Present Address: \_\_\_\_\_

Street

City

State/Province

Zip Code

Permanent Address (if different than above): \_\_\_\_\_

Street

City

State/Province

Zip Code

Phone number: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Are you over 18 years of age?      Yes       No

Are you legally eligible for employment in the United States?      Yes       No

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Have you ever been convicted of a felony?      Yes       No

If yes, please explain:

\_\_\_\_\_

(conviction of a crime does not necessarily exclude applicant from employment)

Is there any Information we would need about your name or use of another name for us to be able to check your work record?      Yes       No

If yes, please specify:

\_\_\_\_\_

If required, are you willing to undergo a pre-employment physical?      Yes       No

# Application For Employment (cont.)

## II. Employment Availability

Check the type(s) of work for which you are available:

Full-time                       Part-time                       Temporary  
 Seasonal                       Education co-op

If your application receives favorable consideration, when will you be available to begin work?

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- Do you have any objection to working overtime?                      Yes       No
- Can you work overtime without prior notice?                      Yes       No
- Can you work on Saturday?                      Yes       No
- Can you work on Sunday?                      Yes       No
- Can you travel, if required by this position?                      Yes       No

## III. Salary/Wage Requirements

If your application receives favorable consideration, what minimum salary/hourly rate would you require?

\$ \_\_\_\_\_ per \_\_\_\_\_

## IV. Educational History

	School Name/Location	Years Completed	Degree/Diploma
High School			
College			
Tech Training			
Other			

## Record of Education

List any relevant courses you have completed. This information will aid the company in evaluating your qualifications for the position you are seeking. Use additional sheets if necessary.

Course	Dates Enrolled in Course From/To	School or Other Course Sponsor	Describe Primary Course Content



# Application For Employment (cont.)

## VI. Employment History

Starting with your most recent, list your present and past employers, including military experience. (Explain any gaps in employment in the comments section on the following page.)

May we contact this employer for a reference? Yes  No

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State/Province Zip Code

Immediate supervisor and title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position held: \_\_\_\_\_

Summarize your job duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Dates employed: from: \_\_\_\_\_ to \_\_\_\_\_

Starting salary \$ \_\_\_\_\_ Final salary \$ \_\_\_\_\_

May we contact this employer for a reference? Yes  No

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State/Province Zip Code

Immediate supervisor and title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position held: \_\_\_\_\_

Summarize your job duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Dates employed: from: \_\_\_\_\_ to \_\_\_\_\_

Starting salary \$ \_\_\_\_\_ Final salary \$ \_\_\_\_\_

# Application For Employment (cont.)

## VI. Employment History (continued)

May we contact this employer for a reference? Yes  No

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State/Province Zip Code

Immediate supervisor and title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position held: \_\_\_\_\_

Summarize your job duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Dates employed: from: \_\_\_\_\_ to \_\_\_\_\_

Starting salary \$ \_\_\_\_\_ Final salary \$ \_\_\_\_\_

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at discharge: \_\_\_\_\_ Type of discharge \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### Comments if needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Application For Employment** (cont.)

### **Pre-employment statement**

I voluntarily give North American Commercial Tire Resources (NACTR) the right to make a thorough investigation of my past employment and activities. I agree to cooperate in such an investigation and release from all liability or responsibility all persons, companies or corporations supplying such information.

I understand that if I have made misrepresentations or omissions of facts requested in this application, the application will not be considered, and if I have been employed, I shall be subject to immediate dismissal.

If employed, I agree to abide by all company rules and regulations, which are now in effect or may be established in the future.

I also understand that I must pass a drug screening test to be eligible for employment at NACTR. This test will be administered in accordance with the guidance set forth by the company, in compliance with state and federal law.

I further acknowledge that my employment may be terminated, and any offer of employment, if such is made, withdrawn, with or without cause, and with or without prior notice, at any time, at the option of the company or myself. I understand that no representative of the company, except the President or Vice President, has any authority to enter into any agreement for employment for any specified period of time. Additionally, no other representative can assure or make some other personnel move, either prior to commencement of employment, or after I have become employed. Finally, no representative except the aforementioned has the authority to assure any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing.

This application is current for only sixty (60) days. At the conclusion of this time, if I have not heard from NACTR and still wish to be considered for employment, it will be necessary for me to fill out another application.

Siganture: \_\_\_\_\_ Date: \_\_\_\_\_

## Applicant Data

DO NOT FILE WITH APPLICATION

Completing this form is voluntary and is not a requirement for employment.

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex and type of position applied for. The information requested on this sheet is for the purpose of our compliance with these record keeping requirements and to determine recruiting and employment patterns. NACTR believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, sex, religion, nation origin, disability, veteran status, age or marital status.

Sex:

Female

Male

Race:

Asian or Pacific Islander

Black

Hispanic

Native American or Native Alaskan

White

How were you referred to this company? (check only one):

College recruiting

Customer referral

Employee referral

Newspaper advertising

Private employment agency

School referral

State employment office

Walk-in

Other (specify): \_\_\_\_\_

## Applicant Data (cont)

Type if position you applied for (check only one):

- Craft worker (skilled)
- Laborer (manual job requiring no special training)
- Manager
- Office/Clerical
- Operative (factory duties requiring intermediate skill level)
- Professional
- Sales
- Service Worker
- Technician

Regulations issued by the U. S. Department of Labor with respect to individuals with disabilities, disabled veterans, special disabled veterans and Vietnam era veterans require that federal contractors provide self-identification opportunity to candidates seeking employment. Such self-identification, and any information provided by the applicant is submitted (a) on a voluntary basis, (b) on a confidential basis, (c) for use only in accordance with regulations, and (d) without subjecting the individual to adverse treatment. If you wish to be identified, please do so and provide any information you wish to submit.

### Vietnam Era Veteran

No

Yes (Served on active duty for a period of more than 180 days, any part of which occurred between 8/5/64 and 5/7/75 was discharged/released with other than dishonorable discharge or for a service-connected disability.)

### Disabled Veteran

No

Yes (Entitled to disability compensation under law administered by Veterans Administration for disability for rate 30 percent or more OR discharged/released from active duty for disability incurred through or aggravated

by service in the line of duty.

### Individual With Disability

No

Yes (Have a physical or mental impairment, which substantially limits a major life activity, or have a history of such impairment.)

### Special Disabled Veteran

No

Yes (Discharged/released from active duty because of service-connected disability: or entitled to disability compensation: or who, but for receipt of military retired pay, would be entitled to disability compensation for a disability that falls into one of the following categories: a disability that is (I) rated at 30 percent or more, or (II) rated at 10 percent or 20 percent and under U>S>C> 1506 had been determined to have a serious employment disability.)



## Reference Check Release

Applicant's name: \_\_\_\_\_ Date: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Company: \_\_\_\_\_

I voluntarily permit NACTR to contact the personal references I have listed on application materials, as well as other appropriate people, to confirm my previous employment, performance, education and background.

I understand that such information is personal and will be held in confidence by NACTR.

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_