



NAME _____

POSITION APPLYING FOR: _____

APPLICATION FOR EMPLOYMENT

WE ARE AN EEO EMPLOYER

APPLICANT'S STATEMENT

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law.

I understand that the Company may investigate my driving record, my criminal record and my credit history, and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends and others with whom I am acquainted. This inquiry would include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I certify that all of the information that I provide on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

DATE

SIGNATURE OF APPLICANT

PERSONAL DATA

Name (Print) Last First Middle _____

Residence information must cover a minimum of 3 years:

Present Address From _____ To _____

Street and Number _____

City State Zip _____

Previous Address From _____ To _____

Street and Number _____

City State Zip _____

Telephone No. () _____

Previous Address From _____ To _____

Street and Number _____

City State Zip _____

Driving Information (all applicants)

Do you have a current driver's license yes no

State: _____

Expiration Date: _____

Do you have any points currently on your license? _____

How many? _____

1. Have you ever been discharged or forced to resign for misconduct or unsatisfactory performance? yes no If yes, give details, including the name and address and/or telephone number of the employer who terminated your employment and the reason you were told that your employment was being terminated (use back of application if necessary): _____

Do you agree that the reason given for your termination was valid? Yes No If no, why not? _____

2. If hired, can you provide verification of your legal right to work in the United States yes no

3. Are you at least 18 years of age? yes no

4. Have you ever been convicted of, or pled guilty or "no contest" to, any felony or misdemeanor? yes no. If yes please give dates and details of each _____

NOTE: Answering yes to this question does not constitute an automatic bar to employment.

6. Have you ever worked for this Company before? YES NO If yes, please give dates and position(s) held:

Date: _____ Position Held _____

7. Have you ever applied for a position at this company before? YES NO

8. Do you have any relatives working here? YES NO If yes please give

Name: _____ Relationship: _____

9. Have you ever been bonded? _____ If yes, on what type of position and with what company? _____

EMPLOYMENT INTERESTS

1. Position Desired _____

2. Date Available _____

3. Salary Desired _____

2. Would you be willing to work overtime? yes no

3. Type of Employment Desired: Regular Temporary Full-time Part-time

4. Days and hours available for work _____

5. How were you referred to our company? Ad (where) _____ Walk-in

Employee Referral (name) _____ Other (please specify) _____

Agency (name) _____ One Stop Center

EDUCATION INFORMATION

School Level	Name & Location of School	Course of Study	Circle Last Grade Completed	Did you Graduate	Degree
High School			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
College/University			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Post Graduate			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Business/Trade Technical			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

SKILLS

PC Skills (indicate software used) _____

Please describe any previous experience that you have in the position for which you are applying or in any similar or related position _____

Do you have any experience, training, qualifications or special skills which you think make you especially suited for work at this company? Explain: _____

Foreign Languages (indicate proficiency to speak, read and write) _____

- All applicants are required to fill out the company's standard employment application in order to be considered for a position.
- All areas and questions in the employment application must be completed in their ENTIRETY for a person to be considered for a position. If you have a resume you must also complete the application in it's entirety.

EMPLOYMENT INFORMATION (start with current or most recent employer). Account for all time periods for at least 10 years, including unemployment, self-employment and military service. (attach separate paper, if necessary).

1	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ACKNOWLEDGEMENT

Please read carefully, initial each paragraph, and sign below

Initial	In consideration of employment, I agree to obey the rules and standards of the Company. I understand that nothing contained in this application or in the interview process is intended to create a contract between the Company and myself for either employment or for the providing of any benefits. I agree that my employment is at-will and the terms of employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties and location of work, at any time, for any reason, at the option of myself or the Company. This constitutes my entire agreement with the Company with regard to the length of my employment.
Initial	I understand that as a condition of employment I will be required to take a post-offer/pre-employment alcohol/drug test. I further understand that at any time during my employment, I may be required to take an alcohol/drug test if management reasonably suspects a condition exists that will prevent me from performing my job in a manner that does not endanger my own health or the safety and health of others.
Initial	I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to work in the United States and background check that includes social security number, driving record (MVR) and criminal background check.
Initial	I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will result in my dismissal from employment, if discovered at a later date.
Initial	This application will remain active for thirty (30) days. Any applicant wishing to be considered for employment beyond thirty (30) days should reapply.
Applicant Signature:	
Date:	

Boulevard Tire/Retread Center, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, veteran status, or citizenship status.