



Established 1932

An Equal Opportunity Employer

PERSONAL INFORMATION

Store Location: _____

Name _____ Date: _____

Present Address

_____ Street _____ City _____ State _____ Zip _____

Previous Address

_____ Street _____ City _____ State _____ Zip _____

E-Mail Address _____

Contact No. (_____) _____ Are you 18 years or older? Yes No

Have you ever been convicted of a felony or misdemeanor? * Yes No

If yes, describe: _____

**You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.*

Are you able to perform all of the duties of the job for which you are applying? * Yes No

If no, please describe which duties you are unable to perform and what accommodations may be necessary: _____

**Applicants will not necessarily be disqualified if they are unable to perform a particular job duty (or duties).*

EMPLOYMENT DESIRED _____ Full Time Part Time Temporary

Desired Job _____ Date you can start _____ Salary desired _____

Are you employed now? _____ If so, may we inquire of your present employer? Yes _____ No _____

Ever applied to this company before? Yes _____ No _____ Where? _____ When? _____

Referred by: _____

EDUCATION	Name & Location of School	# of Years Attended	Did you Graduate	Subjects Studied
Prep/High School				
Technical School				
College or Post Secondary				

Correspondence, Business, Driving or Trade School _____

U. S. Military or Naval Service Branch _____

EMPLOYMENT HISTORY

By printing: list all present and past employment beginning with the most recent, including any military service assignments and volunteer work.

EMPLOYER:	Address:	Work Performed:
Phone #:	Dates Employed	
Job Title	From: To:	
Supervisor:	Hourly Rate/Salary	
Reason for leaving:	Starting: \$	
	End: \$	
EMPLOYER:	Address:	Work Performed:
Phone #:	Dates Employed	
Job Title:	From: To:	
Supervisor:	Hourly Rate/Salary	
Reason for leaving:	Starting: \$	
	End: \$	
EMPLOYER:	Address:	Work Performed:
Phone #:	Dates Employed	
Job Title:	From: To:	
Supervisor:	Hourly Rate/Salary	
Reason for leaving:	Starting: \$	
	End: \$	

REFERENCES:

Provide names of two (2) persons not related to you who are able to verify your employment and personal history.

Name	Address	Business	Phone Number

AUTHORIZATION TO RELEASE EMPLOYMENT REFERENCE INFORMATION

APPLICANTS AGREEMENT

I understand Grismer Tire Co. Inc., Associates, d.b.a. Grismer, Columbus Tire, d.b.a. as Grismer, and any subsequent company doing business as Grismer, subsequently referred to as Grismer, requires certain information about me to evaluate my qualifications for employment and conduct its business if I become an employee. I understand that the company may investigate my driving record, credit history and criminal record and I give Grismer permission to do so. I also understand that an investigative consumer report may be made, whereby, information is obtained through personal interviews with those with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, financial responsibility, and mode of living. I understand that I have a right to make a written request, within a reasonable matter of time, to receive additional detailed information about the nature and scope of this investigative consumer report. I hereby release Grismer Tire Company Inc., and any persons, company, or institution that provides the Company with information from any and all liability for any damages that may result from the investigation, use, or disclosure of such information. I understand false, incomplete or misleading statements on this application may be considered sufficient cause for dismissal, if, and when discovered. I also understand that information provided on this application may be used to make an employment decision.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on the company. I understand this decision is to rest with the company.

In addition, if accepted for employment I hereby agree to abide by the rules and policies of my employer and accept the established pay period as provided in accordance with the Fair Labor Standards Act (as amended). I agree to conform to the Company's rules and regulations, and I agree that my employment and compensation may be terminated, with or without cause, and with or without notice, at either my, or the company's option. I also understand and agree that the terms and conditions of my employment may be changed with or without notice, at any time by the company. I understand that no company representative, other than the President/Owner, and then only in writing and signed by the President/Owner, has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing "This is a true application seeking work only."

Complete Signature of Applicant _____ Date _____

PRE-EMPLOYMENT CONSENT/WAVIER FORM

One of the requirements for considerations of employment with Grismer is the satisfactory passing of a pre-employment urine drug test. The company has a policy prohibiting the possession, distribution, use, consumption of, or being under the influence of alcohol, illegal, unauthorized drugs, and other harmful substances in order to provide a safe environment for employees and customers. Those applicants considered as final candidates for employment will be required to undergo a urine drug test and will be dropped from considerations for employment if the test is positive. Individuals who have disqualified due to positive test results will be eligible to re-apply for work one year after having been eliminated from considerations and can satisfactorily pass a pre-employment drug test

Complete Signature _____ Date _____

AUTHORIZATION AND WAVIER

I authorize and request my former employers, references, (including the U.S. Government and the U.S. Military, educational institutions, registration and licensing boards, credit agencies or reporting services which have information about me, to give Grismer Tire Co., Inc. and subsidiaries any and all information and opinions about me in their possession and which may lawfully be disclosed. I hereby waive written notice of such release of information and opinions, and I release such former employers, references, (including the U.S. Government and the U.S. Military, educational institutions, registration and licensing boards, credit agencies or reporting services, from any liability or claim relating to such release of information and opinions. I also authorize and request, federal, state, and local governmental agencies to release to Grismer Tire Co., Inc. including all subsidiaries any information requested concerning any criminal convictions on my record. A photocopy of this signed authorization and waiver shall be valid as an original.

Signature _____ Date _____

CANDIDATE DRIVER EXPERIENCE AND QUALIFICATIONS

**If you are applying for a position where you will be responsible for driving a company *and/or* customer vehicle, you must complete all information fields below.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Date of Employment: _____

DRIVERS LICENSES	State	License	Type/Class	Expiration Date

Social Security Number (last 4 digits only) XXX-XX-_____

A.) Have you had any moving, traffic violations in the past three (3) years? Yes No

If you have answered yes, please explain in detail _____

B.) Has any license, permit, or privilege ever been suspended or revoked? Yes No

If you have answered yes, please explain in detail _____

C.) Have you had any auto accidents in the past three (3) years? Yes No

Status: Employee:

Non Employee: An applicant for employment

ACCIDENT RECORD FOR THE PAST 3 YEARS (attach sheet if more space is needed)

	Date	Nature of Accident (Head-on, rear-end, upset, etc.)	Injuries
Last Accident			
Next Previous			
Next Previous			

Driver: I hereby grant permission for Grismer, to secure my Motor Vehicle Record. I also affirm that the statements made above are stated truthfully and without reservation.

Applicant's Printed Name: _____

Applicant's Signature: _____

Signed this _____ day of _____, 20____