

EMPLOYMENT APPLICATION

STONEY HOLLOW



MAIL TO : STONEY HOLLOW TIRE ,INC
P.O.BOX 310
MARTINS FERRY OH 43935

Stoney Hollow Tire, Inc. does not discriminate on the basis of race, national origin, age, sex, marital status or disability.



EMPLOYMENT APPLICATION

Stoney Hollow Tire, Inc., PO Box 310, 1st & Hanover Str., Martins Ferry, OH 43935
800-255-6798 or 740-635-5200

PLEASE READ THESE INSTRUCTIONS BEFORE YOU BEGIN TO FILL OUT THE APPLICATION.

This application shall be effective for 30 days after today's date. If you have questions or need help with the application, please let us know so that we can assist you. This is not a contract. This employment application is being used for the sole purpose of determining if you are qualified for the job. It is very important that you answer all the questions accurately. If you make false or misleading statements on this employment application or during the interview, upon discovery, it will be grounds for rejecting your application or terminating your employment.

For which position are you applying? _____

PERSONAL DATA

Name: (Last) _____ (First) _____ (Middle) _____

Current Address: _____

Prior Address: _____

Home Phone: _____

Cell Phone: _____

EDUCATIONAL DATA

School	Location	Graduate?	Year?	Degree?
High School				
College				
Other				

EMPLOYMENT DATA

Note: List all employers in chronological order beginning with your most recent employer.

Employer: _____ Address: _____

Phone: _____ Position/Title: _____

Describe Work Duties: _____

Dates Employed – From: _____ To: _____ Name of Supervisor: _____

Base Salary _____ per _____ (hour, week, year)

Reason for leaving: _____

If you are currently working for this employer may we contact the employer? _____

Employer: _____ Address: _____
 Phone: _____ Position/Title: _____
 Describe Work Duties: _____
 Dates Employed – From: _____ To: _____ Name of Supervisor: _____
 Base Salary _____ per _____ (hour, week, year)
 Reason for leaving: _____

Employer: _____ Address: _____
 Phone: _____ Position/Title: _____
 Describe Work Duties: _____
 Dates Employed – From: _____ To: _____ Name of Supervisor: _____
 Base Salary _____ per _____ (hour, week, year)
 Reason for leaving: _____

QUESTIONS RELATED TO YOUR JOB ABILITIES.

____ Yes ____ No Have you been given a job description or had the requirements of the job explained to you?
 ____ Yes ____ No Do you understand these requirements?
 ____ Yes ____ No Can you perform the requirements of this job with or without reasonable accommodation?
 ____ Yes ____ No I understand that company policy may provide that I submit to a medical review after an offer of employment and I agree to submit to the medical review (DOT Physical for Driver Position).
 ____ Yes ____ No Have you been convicted of or served time for a felony? If so, please describe. (This information will be evaluated with reference to its relation to ability to perform the job.). Please list the date and offense.

____ Yes ____ No Have you used other names or social security numbers besides those listed on this employment application? If so, please list.

If you are applying for a position, which requires you to operate a motor vehicle, please answer the following questions.

____ Yes ____ No Do you have a valid driver's license from the state you reside?
 License Number _____ Type of License _____
 Name of State _____

____ Yes ____ No Have you been convicted of any moving violation within the past 5 years? If so, list date and type of violation.

____ Yes ____ No Have you been convicted of driving while under the influence of alcohol

or drugs, or of reckless driving during the past 7 years? If so, list dates and types of violation.

____ Yes ____ No

Have you ever caused property damage while driving a vehicle during past employment? If so, describe.

REFERENCES. Please list only references that are acquainted with your work-related activities.

Name Address Phone Years Known

Name Address Phone Years Known

PLEASE READ CAREFULLY

I verify that all information in this employment application is true and correct. The company is authorized to contact prior employers, schools, and references listed above and they may provide my records, reason for leaving, and all other information they may have concerning me and I release all parties from any and all liability or claims for damage whatsoever that may result therefrom. I release the company of liability for injuries resulting from any physical or mental disorders. I have read all of the information on this application.

I understand that the employment application is not a contract. I understand that employment by the company is at will. I acknowledge that if hired, either the company or I may terminate the employment relationship at any time with or without cause. I also understand and agree that the company may change the terms and conditions of my employment, with or without cause, and with or without notice, at any time. I understand that if I have misled the company by providing false information, misleading information or omissions on this application, it may result in rejection of my application or discharge from employment. I understand that the use of illegal drugs is prohibited.

Signature _____

Date _____