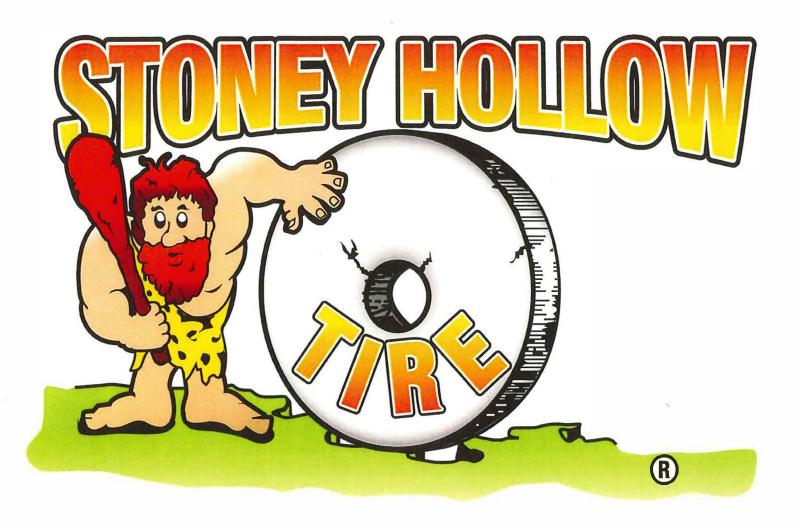
EMPLOYMENT APPLICATION



MAIL TO:

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. CTONEY HOLLOW

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:

EDUCATIONAL DATA

<u>School</u>	Location	<u>Graduate?</u>	Year?	<u>Degree?</u>	
High School		***************************************			
College					
Other					

EMPLOYMENT DATA

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

Home Phone:

Cell Phone:

Employer:		Address:	-
Phone:	Position/Ti	tle:	
Describe Work Duties:			
Dates Employed – From:	То:	Name of Supervisor:	
Base Salary	per	(hour, week, year)	
Reason for leaving:		•	
If you are currently working for	r this employer n	nay we contact the employer?	

Employer:		Address:
Phone:	Position/Tit	ile:
Describe Work Duties:		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Dates Employed – From	m: To:	Name of Supervisor:
Base Salary	per_	(hour, week, year)
Reason for leaving:		
Employer:		Address:
Phone:	Position/Tit	tle:
Describe Work Duties:		
Dates Employed - From	m: To:	Name of Supervisor:
Base Salary	per	(hour, week, year)
Reason for leaving:		
X X X X X X X X X X X X X X X X X X X		
OHESTIONS DEL	ATED TO YOUR JO	D ARII ITIES
Yes No		lescription or had the requirements of the job
165100	explained to you?	rescription of had the requirements of the job
YesNo	Do you understand these req	uirements?
Yes No	-	ments of this job with or without reasonable
	accommodation?	•
Yes No		olicy may provide that I submit to a medical
######################################		loyment and I agree to submit to the medical
	review (DOT Physical for D	
Yes No		or served time for a felony? If so, please will be evaluated with reference to its relation
162100	•). Please list the date and offense.
	to dointy to perform the job.	j. I lease list the date and offense,
	40.575.507 W	ente
YesNo	•	or social security numbers besides those listed
	on this employment applicat	ion? If so, please list.
	The state of the s	
If you are applying	g for a position, which	n requires you to operate a motor vehicle
please answer the f	following questions.	
		s license from the state you reside?
	License Number	Type of License
	Name of State	
Yes No	•	any moving violation within the past 5 years?
	If so, list date and type of vie	olation.
		
		
	The state of the s	
Yes No	Have you been convicted of	driving while under the influence of alcohol

Yes	No Have you ever caused propast employment? If so, do	perty damage while driving a veh	icle during
REFERENCE	$\mathbb{C}\mathbf{S}$. Please list only references that	are acquainted with your work-re	elated activities.
Name	Address	Phone	Years Known
Name	Address	Phone	Years Known
release all parties	on for leaving, and all other in s frem any and all liability or	formation they may have co claims for damage whatsoever	er that may result
release all parties therefrom. I release disorders. I have I understand that the company is a employment relacompany may chor without notice information, mis	on for leaving, and all other in	claims for damage whatsoever injuries resulting from any this application. s not a contract. I understandired, either the company or I without cause. I also understant of my employment, with or it if I have misled the company on this application, it may	ncerning me and I er that may result physical or mental d that employment by may terminate the and agree that the without cause, and with my by providing false by result in rejection of

[▶] Page 3 Stoney Hollow Tire, Inc.