

This company does not discriminate on the basis of race, national origin, sex, marital status or disability.

K&M TIRE EMPLOYMENT APPLICATION

Corporate Office: PO BOX 279, Delphos, OH 45833 Fax: 419-695-7991

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 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) _____ (M.I.) _____
Address: _____ City: _____ State: _____
Prior Address: _____ City: _____ State: _____
Social Security Number: _____ Under age 21? _____
Phone Number: () _____ Email Address (optional): _____

EDUCATIONAL DATA

School	Location	Graduate?	Degree?
High School			
College			
Other			

EMPLOYMENT DATA

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

Employer: _____
Address: _____ City: _____ State: _____ Phone: () _____
Position/Title: _____ Dates Employed – From: _____ To: _____
Describe Work Duties: _____
Base Salary: _____ per _____ (hour, week, year) Name of Supervisor: _____
Reason for leaving: _____
If currently working for this employer may we contact this employer? _____

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

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

QUESTIONS RELATED TO YOUR JOB ABILITIES

_____ Yes _____ No I am willing to submit to drug testing prior to or during employment.
 _____ Yes _____ No I understand that company policy may require that I submit to a medical review after an offer of employment and I agree to submit to the medical review.
 _____ Yes _____ No Have you been convicted of or served time for a felony in the past 7 years? If so, please describe. Please list the date(s) and offense(s). (This information will be evaluated based on the job requirements of the position.)

 _____ Yes _____ No Have you used other names or social security numbers besides those listed earlier? If so, please list.

 _____ Yes _____ No Do you have a valid driver's license from the state in which you reside? State _____ License Number _____ Type of License _____
 _____ Yes _____ No Have you been convicted of any moving violations 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 date and the type 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	City/State	Phone	Years Known

If you were referred by a K&M Tire employee, please list their name: _____

PLEASE READ CAREFULLY- I verify that all information in this employment application is true and correct. The company is authorized to check credit and 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 therein. 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 terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that if I have misled the company by providing false or 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 _____