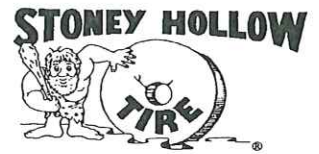


**Stoney Hollow Tire, Inc. does not discriminate on the basis of race, national origin, age, sex, marital status or disability.**



## EMPLOYMENT APPLICATION

Stoney Hollow Tire, Inc., PO Box 310, 1<sup>st</sup> & 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

<u>School</u>	<u>Location</u>	<u>Graduate?</u>	<u>Year?</u>	<u>Degree?</u>
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 am willing to submit to drug testing prior to or during employment.  
 \_\_\_\_ 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.  
 \_\_\_\_ Yes \_\_\_\_ No Have you been convicted of or served time for a felony in the past 7 years? 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
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Name	Address	Phone	Years Known
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**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 \_\_\_\_\_