



Application for Employment

Position applied for: _____ Date: _____

Allied Oil & Tire Company considers all applicants for employment without regard to race, color, religion, sex, national origin, age, handicap or disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, Allied Oil & Tire Company complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. Allied Oil & Tire Company also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans With Disabilities Act and applicable and local laws.

Full Name _____ Social Security Number _____

Street Address _____ City _____ State _____ Zip _____

Telephone No. _____ Referred by _____

Cell Phone No. _____ Cell phone carrier _____

Are you over the age of 18? Yes No If not, state your age _____

Do you want to work Full Time Part Time

If part time, specify days and hours _____

Are you willing to work overtime as necessary? Yes No

Date you can start _____ Salary desired \$ _____

Have you ever been employed by us? Yes No If yes, when? _____

Can you perform the essential functions of the job(s) for which you are applying, as you understand them, with or without reasonable accommodation?

Yes No

* Have you ever been convicted of a crime? Yes No

If yes, state nature of offense, when, where, and disposition:

** A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.*

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, Allied Oil & Tire Company will verify that status of every individual offered employment with the company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

Do you have the legal right to work and remain in the United States? Yes No

State name(s) of any relative(s) in our employ and your relationship to them:

RECORD OF EDUCATION

Name of School	Address of School	Course of Study	Years Completed	Did You Graduate?	Diploma Received
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

MILITARY SERVICE RECORD

Have you ever served in the U.S. Armed Forces? Yes No

List duties in the Services, including special training that is relevant to the position for which you are applying.

SKILLS (that you believe are related to the position for which you are applying)

Are there any other experiences, skills or abilities that you feel especially qualify you for work with our company?

WORK EXPERIENCE

LIST YOUR PREVIOUS EXPERIENCE BEGINNING WITH YOUR MOST RECENT POSITION

1. Employer: _____ Address: _____
Dates Employed: From: _____ To: _____ Phone: _____
Starting Position: _____ Final Position: _____
Starting Salary: _____ Final Salary: _____
Immediate Supervisor: _____
Duties: _____
Reason for Leaving: _____

2. Employer: _____ Address: _____
Dates Employed: From: _____ To: _____ Phone: _____
Starting Position: _____ Final Position: _____
Starting Salary: _____ Final Salary: _____
Immediate Supervisor: _____
Duties: _____
Reason for Leaving: _____

3. Employer: _____ Address: _____
Dates Employed: From: _____ To: _____ Phone: _____
Starting Position: _____ Final Position: _____
Starting Salary: _____ Final Salary: _____
Immediate Supervisor: _____
Duties: _____
Reason for Leaving: _____

4. Employer: _____ Address: _____
Dates Employed: From: _____ To: _____ Phone: _____
Starting Position: _____ Final Position: _____
Starting Salary: _____ Final Salary: _____
Immediate Supervisor: _____
Duties: _____
Reason for Leaving: _____

5. Employer: _____ Address: _____
Dates Employed: From: _____ To: _____ Phone: _____
Starting Position: _____ Final Position: _____
Starting Salary: _____ Final Salary: _____
Immediate Supervisor: _____
Duties: _____
Reason for Leaving: _____

6. Employer: _____ Address: _____
Dates Employed: From: _____ To: _____ Phone: _____
Starting Position: _____ Final Position: _____
Starting Salary: _____ Final Salary: _____
Immediate Supervisor: _____
Duties: _____
Reason for Leaving: _____

PERSONAL REFERENCES (excluding relatives)

	Name & Occupation	Address	Telephone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____



PREEMPLOYMENT STATEMENT *(Please read carefully and sign the statement below.)*

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interview, can be justification of refusal of employment, or, if employed, termination from Allied Oil & Tire Company's employ.
2. Any offer of employment I may receive from Allied Oil & Tire Company is contingent upon my successful completion of the company's total pre-employment screening process, including the company's receiving references that it considers satisfactory, and my satisfactory completion of any post offer reemployment medical examination that the company may require. I also agree, if employed, to submit to a medical examination at any time at the company's request. I consent to having the results of any post offer pre-employment or post-employment medical exams I may be required to take disclosed to Allied Oil & Tire Company.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of Allied Oil & Tire Company. I consent to having the results of any such alcohol or drug screening disclosed to Allied Oil & Tire Company.
4. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, releasing them from any and all liability for damages arising from furnishing the requested information.
5. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the company and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself. I further understand that no manager or representative of the company, other than the President, Vice President, Vice President of Operations, or appropriate District Operations Manager has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing.

Signature

Date



MVR RELEASE CONSENT FORM

In conjunction with my potential employment at Allied Oil & Tire Company (“the company”),
I, _____ (applicant) consent to the release of my Motor
Vehicle Records (MVR) to the company. I understand the company will use these records to evaluate
my suitability to fulfill driving duties that may be related to the position for which I am applying. I also
consent to the review, evaluation, and other use of my MVR I may have provided to the company.

This consent is given in the satisfaction of Public Law 18 USC 2721 et. Seq., “Drivers Privacy Protection
Act”, and is intended to constitute “written consent” as required by this Act.

Signed (applicant) _____ Date _____
Driver’s License No. _____ State _____



Tobacco User / Non-User Certification

Employee Name: _____

Address: _____

Date of Birth: _____

Are you (employee) a tobacco user? Yes No *If no, please read and sign below.*

Are you (spouse) a tobacco user? Yes No *If no, please read and sign below.*

Non-Tobacco User Certification Statement

I/we certify that I/we do not currently smoke or use any tobacco products (including smokeless tobacco and e-cigarettes), nor have I/we used or smoked any tobacco products (regardless of frequency) during the **12 months** immediately preceding the date of this statement. I/we understand that any misrepresentation of the information contained on this certification will result in a surcharge being added to my medical premium.

Employee Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, or it is medically inadvisable for you to attempt the standards for the reward under this program, contact human resources, and we will work with you to develop another way to qualify for this reward.



APPLICANT DISCLOSURE AND AUTHORIZATION FORM

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION] DISCLOSURE REGARDING BACKGROUND INVESTIGATION

[Employer] ("The Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history including current position, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **[One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645]** or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing [Employer] to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **[One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645]**, another outside organization acting on behalf of [Employer], and/or [Employer] itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by [Employer] by contacting the consumer reporting agency identified above directly.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Last Name _____ First _____ Middle _____

Other Names/Alias _____

Social Security* # _____ Date of Birth* _____

Driver's License # _____ State of Driver's License _____

Present Address _____ Phone Number _____

City/State/Zip _____

All Previous Addresses in the Last Seven Years _____

Signature**: _____ Date: _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

**This signature should be notarized is seeking driving records.



FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION STATEMENT

In processing my application for employment I understand that Allied Oil & Tire Company may obtain or have prepared a consumer or investigative consumer report for employment purposes, concerning my prior employment, military record, education, credit worthiness credit standing, credit capacity, character, general reputation, personal characteristics, or criminal background record.

I understand that upon written request to Allied Oil & Tire Company I will be informed whether an investigative consumer report was requested, and given full information as to the nature and scope of this investigation. (I understand that an investigative consumer report is a report in which information concerning my character, general reputation, or personal characteristics is obtained through personal interviews with neighbors, friends or associates with whom I am acquainted.)

By signing below, I am authorizing Allied Oil & Tire Company to obtain a consumer or investigative consumer report on me as part of the Company's pre-employment background screening process. If I am offered employment by Allied Oil & Tire Company, I further authorize the Company to obtain additional consumer or investigative consumer reports on me for employment purposes at any time during my employment.

Name of applicant: _____
(please print)

Address: _____

Social Security No.: _____

Date of Birth: _____

Signature: _____ Date: _____

