

Marshall Tire Group, Inc.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Applicant's Name: _____ Last Name, First Name MI _____ Date: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Physical Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____ Phone: _____
Referred By: _____

EMPLOYMENT DESIRED

Position: _____ Date Available: _____ Salary Desired: _____
Are You Currently Employed?: Y/N If So, May We Inquire With Your Present Employer?: Y/N
Have You Ever Applied To This Company Before?: Y/N Where: _____ When?: _____

EDUCATION HISTORY

	Name & Location of School	Years Attended	Did You Graduate?	Subjects Studied
High School				
College				
Trade/Other				

GENERAL INFORMATION

Subject of Special Study/Research: _____
Special Training: _____
Special Skills: _____
US Military or Naval Service: _____ Rank: _____

FORMER EMPLOYERS

(List Below Your Last Four Employers, Starting With The Most Recent)

	Dates	Name & Address of Employer	Position	Reason for Leaving
Start:				
End:				
Start:				
End:				
Start:				
End:				
Start:				
End:				

Marshall Tire Group does not discriminate based on race, color, religion, national origin, sex, sexual orientation, gender identity, gender expression, ancestry, place of birth, age, veteran status, or against qualified individuals with a disability.

CONTINUED ON OTHER SIDE

Marshall Tire Group, Inc.

Personal References

(Give Below The Names of Three Persons Not Related To You, Whom You Have Known At Least One Year.)

Name	Address	Business	Years Known

AUTHORIZATION

(Initial Next To Each Paragraph and Sign & Date At The Bottom.)

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal."

"I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information."

"I understand that employment at MTG is "at-will" meaning that either MTG or I may terminate the employment relationship for any reason or no reason, at any time, with or without cause or notice."

"This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) or other relevant federal or state laws."

"I understand that a consumer credit report or criminal records check may be necessary prior to employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

"In compliance with federal law, all persons hired will be required to verify their identity and eligibility to work in the United States to complete the required employment eligibility verification document from upon hire."

Date

Signature

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

NOTES: