

EMPLOYMENT APPLICATION



All qualified applicants will receive consideration for employment without regard to race, national origin, age, sex, religion, disability, sexual orientation, marital status, veteran status, gender identity or expression, or any other basis protected by local, state or federal law. This policy applies with regard to all aspects of one's employment, including hiring, transfer, promotion, compensation, eligibility for benefits, and termination.

(PLEASE PRINT)

Position(s) Applied For		Date of Application
Date Available for Work	Available to Work <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Desired Salary Range
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other _____		

APPLICANT INFORMATION

Last Name		First Name		Middle Name	
Address			City	State	Zip Code
Home Phone		Work Phone		Cell Phone	
Email Address					
Date of Birth			Social Security Number		

Are you legally eligible to work in the United States? Yes No
(Proof of eligibility will be required upon offer of employment)

Are you over 18 years of age? Yes No
(If no, you may be required to provide authorization)

Have you ever filed an application with us before? Yes No
 If yes, give date(s): _____

Have you ever been employed with us before? Yes No
 If yes, give date(s): _____

Are you related to anyone employed at Wilks Tire & Battery Service? Yes No
 If yes, list name and relationship: _____

Are you currently employed? Yes No
 If yes, state your employer: _____

EMPLOYMENT HISTORY

Employer	Work Performed	
Address		
Telephone Number		
Job Title	Worked From	Worked To
Reason for Leaving	Hourly Rate (Start)	Hourly Rate (End)

Employer	Work Performed	
Address		
Telephone Number		
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Reason for Leaving	Hourly Rate (Start)	Hourly Rate (End)

If you need additional space, please continue on the back of this sheet.

<p>List professional, trade, business, or civic activities and offices held.</p> <hr/> <hr/> <hr/> <hr/> <hr/>
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ADDITIONAL INFORMATION

Specialized Skills (Check Skills)

<input type="checkbox"/> Computer Proficiency	<input type="checkbox"/> Auto Dealer Training	<input type="checkbox"/> Other:
<input type="checkbox"/> Accounting Skills	<input type="checkbox"/> Auto Master Tech	_____
<input type="checkbox"/> Microsoft Office	<input type="checkbox"/> Truck Dealer Training	_____
<input type="checkbox"/> Sales Experience	<input type="checkbox"/> Diesel Truck Master Tech	_____
<input type="checkbox"/> ASE Certification	<input type="checkbox"/> Tech College Training	_____

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

REFERENCES

Name	Company	Phone #
Name	Company	Phone #
Name	Company	Phone #

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

DRUG SCREENING POLICY

WILKS TIRE & BATTERY SERVICE, INC. (the Company) has a vital interest in maintaining safe, healthful and efficient working conditions for its employees. Using or being under the influence of drugs or alcohol on the job poses serious safety and health risks not only to the user but also to our customers and all of those who work with the user. The possession, use, or sales of an illegal drug or controlled substance may also pose unacceptable risks to safe, healthful, and efficient operations.

To meet this compelling Company interest, employees must agree to **SUBMIT TO DRUG AND ALCOHOL SCREENING AND SEARCHES DURING EMPLOYMENT**, and individuals who wish to be considered for employment must agree to **SUBMIT TO PRE-EMPLOYMENT DRUG SCREENING**.

By completing and signing this Notice, the employee or the applicant understands and agrees to submit a pre-employment drug screening and to random drug and alcohol screening and searches during the course of employment. Such searches may include searches of the employee's person, personal effects, vehicle, and other property located on the Company premises or worksites. The employee or applicant further understands and agrees to release the Company and its directors, officers, agents, and employees, from any and all liability, claims, demands, damages, and causes of action of every kind and nature arising out of, resulting from, or in connection with submitting to drug and alcohol screening or searches and any decision concerning employment made by the Company in whole or in part, based upon the results of drug and alcohol screening or searches.

ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH THE COMPANY.

Refusal of any applicant to agree to drug and alcohol screening or searches at this time does not preclude an applicant from applying for employment with the Company at some future date when the applicant will agree to conform to the above policy.

Signature of Applicant

Date

MOTOR VEHICLE REPORT REQUEST FORM

**WILKS TIRE & BATTERY SERVICE
428 NORTH BROAD ST
ALBERTVILLE, AL 35950**

PROSPECTIVE OR NEW EMPLOYEE

Prospective Employee New Employee

Name (First, MI, Last)	Date of Birth	State	Driver's License #	Relationship to Named Insured*					
				1	2	3	4	5	6

CHECK THE APPROPRIATE BOX FOR EACH QUESTION:

	Yes	No
Have you ever been denied a driver's license or had one suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any violations in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any auto accidents in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>

IF THE ANSWER TO ANY QUESTION WAS "YES," please explain (give dates of violations and/or accidents)

DRIVER – I hereby grant permission for Federal Insurance Company and my employer or prospective employer to secure a Motor Vehicle Report on me. I also affirm that the statements made above are stated truthfully and without reservation.

Signed this _____ day of _____, _____ Driver's Signature _____

* Please show Relationship to Named Insured, as indicated below, by circling the corresponding number above.

- | | |
|--|--|
| 1. Owner (owner, partner, officer, director) | 4. Driver or salesperson |
| 2. Owner's family member (spouse, dependent) | 5. All other frequent use (not shown in 1-4 but often drives) |
| 3. Heavy truck driver (2 ton trucks and heavier) | 6. All other frequent use (not shown in 1-4 but rarely drives) |

AUTHORIZATION FOR RELEASE OF INFORMATION

In connection with my employment with _____ (Company), I, _____ (Applicant's Name), authorize my employer and its respective agents to solicit information about my background to include Consumer Credit Records, Workers Compensation Claims Records/Data, Driving Record, Criminal Conviction Records, Previous Employment History Data, Educational Records, Character Reference Information, Professional Licensing Data, and any other General Public Records.

I also authorize the procurement of an investigative consumer report. I understand that such an investigative consumer report may contain information about my background, mode of living, character, and personal reputation, and that I am entitled to be advised of the nature and scope of the Investigation requested within a reasonable time after I ask for the information in writing.

I AUTHORIZE, WITHOUT RESERVATION, ANY PERSON, COMPANY, GOVERNMENTAL AGENCY, OR OTHER ENTITY CONTACTED BY MY EMPLOYER OR ITS AGENTS TO FURNISH THE ABOVE MENTIONED INFORMATION.

(Please Print Clearly)

Name: _____
(First) (Middle) (Last)
Other names used: _____
Current Address: _____
County: _____ City: _____ State: _____ Zip: _____
How long at this address: _____ Date of Birth: _____ Phone #: _____
Driver's License #: _____ State Issued: _____ SSN: _____

(Please List Your Last Three Employers)

(1) Company Name: _____ Position Held: _____
City: _____ State: _____ Dates Employed: From _____ To _____
Rate of Pay: _____ Reason for Leaving: _____

(1) Company Name: _____ Position Held: _____
City: _____ State: _____ Dates Employed: From _____ To _____
Rate of Pay: _____ Reason for Leaving: _____

(1) Company Name: _____ Position Held: _____
City: _____ State: _____ Dates Employed: From _____ To _____
Rate of Pay: _____ Reason for Leaving: _____

I release the Company, its respective employees, agents, and all persons, governmental agencies and any other entities providing information data, or reports about me from any and all liability arising out of the release of any such information, data, or reports.

Signature of Employee

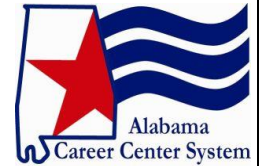
Signature of Witness

Date: _____

Date: _____



NORTH ALABAMA TRAINING CONSORTIUM
ALBERTVILLE CAREERLINK
 5920 Highway 431 – Albertville, AL 35950
 Telephone: (256) 891-1300 Ext. 224 | Fax: (256) 891-7722



Referred by: Wilks Tire & Battery Service

On the Job Training (OJT) CUSTOMER INFORMATION

TO DETERMINE WHAT SERVICES MAY BE APPROPRIATE, PLEASE PROVIDE THE FOLLOWING INFORMATION

Disability Disclosure:

Applicants with disabilities or any other barriers to employment are encouraged to self-disclose their disability in the space provided below. This information will be used to determine if you are eligible for additional services or assistance in programs or activities available at the Career Center. This information is voluntary and is for reporting purposes. All information will be kept confidential and will not be used to deny you services or to illegally discriminate against you. Your refusal to provide this information will not subject you to any adverse treatment. Information will only be used in accordance with the law.

___ Yes, I would like to disclose a disability. (This will enable me to apply for additional services and assistance.)

___ No, I would not like to disclose a disability.

If yes, what accommodations do you require?

Social Security Number		Name (First, Middle, Last)			
Address			City	State	
Zip Code	County Name		Area Code	Phone #	
Cell Phone #		Email Address			
Date of Birth	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Eligible Non-Citizen	
Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Hawaiian Native/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Does not declare a race					
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Latino		Highest Education	Primary Language	Limited English <input type="checkbox"/> Yes <input type="checkbox"/> No	Selective Service <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		180 days or less <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse/Widow of Vet <input type="checkbox"/> Yes <input type="checkbox"/> No	Campaign Related <input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		Recently Separated Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Separated		Discharge Status (Please Print)
Work History					
Employer Name:		Start Date	End Date	Reason for leaving	End Salary
Number in family		Total Dependents in household		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Single Parent	

Insert all members in the household and their last 6 months' income:

Name	Relationship	Age	Gender	Amount	Source

Do you receive:

Public Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, which: <input type="checkbox"/> TANF <input type="checkbox"/> General Assistance <input type="checkbox"/> Refugee Assistance	Food Stamps <input type="checkbox"/> Yes <input type="checkbox"/> No
Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Child <input type="checkbox"/> Yes <input type="checkbox"/> No	SSI <input type="checkbox"/> Yes <input type="checkbox"/> No
Youth Offender <input type="checkbox"/> Yes <input type="checkbox"/> No	Youth School Drop Out <input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant/Parenting <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need information on the following? <input type="checkbox"/> Day Care <input type="checkbox"/> Housing <input type="checkbox"/> Clothing <input type="checkbox"/> Transportation <input type="checkbox"/> Food <input type="checkbox"/> Other:		

What are your employment goals?

How can we help you reach these goals?

When are you available for work? _____

What salary do you require? _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE AND GIVE MY PERMISSION FOR VERIFICATION OF ANY INFORMATION ON THIS FORM.

Signature: _____ Date: _____