



NORTHWEST TIRE INC.

APPLICATION FOR EMPLOYMENT

LOCATION # _____

PERSONAL INFORMATION

NAME _____ DATE _____
LAST FIRST MIDDLE INITIAL SOCIAL SECURITY NUMBER _____

PRESENT ADDRESS _____
STREET ADDRESS CITY ST ZIP

HOW LONG HAVE YOU LIVED HERE? _____

PREVIOUS ADDRESS _____ HOW LONG? _____
STREET ADDRESS CITY ST ZIP

CURRENT PHONE NO. _____ DRIVERS LICENSE? YES _____ NO _____ CLASS _____

ARE YOU 18 YRS. OR OLDER? _____ DRIVERS LICENSE NUMBER _____

EMAIL ADDRESS: _____ STATE _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER APPLIED TO NORTHWEST TIRE BEFORE? _____ WHERE? _____ WHEN? _____

EDUCATION

	NAME & ADDRESS OF SCHOOL	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	WHEN	SUBJECTS STUDIED
ELEMENTARY	_____	5 6 7 8			

HIGH SCHOOL	_____	1 2 3 4			

COLLEGE	_____	1 2 3 4			

TRADE, BUSINESS OR CORRESPONDENCE SCHOOL (Circle One)	_____	1 2 3 4			

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS / ABILITIES / CERTIFICATES / LICENSE(S) / EQUIPMENT OPERATED: _____

LIST BELOW PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT

NAME & ADDRESS OF COMPANY	FROM		TO		STARTING SALARY	LAST SALARY	NAME OF SUPERVISOR	REASON FOR LEAVING
	MO.	YR.	MO.	YR.				
	DESCRIBE THE WORK YOU DID:							
TYPE OF BUSINESS								
TELEPHONE								

NAME & ADDRESS OF COMPANY	FROM		TO		STARTING SALARY	LAST SALARY	NAME OF SUPERVISOR	REASON FOR LEAVING
	MO.	YR.	MO.	YR.				
	DESCRIBE THE WORK YOU DID:							
TYPE OF BUSINESS								
TELEPHONE								

NAME & ADDRESS OF COMPANY	FROM		TO		STARTING SALARY	LAST SALARY	NAME OF SUPERVISOR	REASON FOR LEAVING
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TELEPHONE								

NAME & ADDRESS OF COMPANY	FROM		TO		STARTING SALARY	LAST SALARY	NAME OF SUPERVISOR	REASON FOR LEAVING
	MO.	YR.	MO.	YR.				
	DESCRIBE THE WORK YOU DID:							
TYPE OF BUSINESS								
TELEPHONE								

WHICH OF YOUR FORMER JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

IF THERE IS A PARTICULAR EMPLOYER(S) YOU DO NOT WISH US TO CONTACT, PLEASE INDICATE WHICH ONE(S).

PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

NAME & OCCUPATION	ADDRESS	PHONE NUMBER

ARE YOU ELIGIBLE TO BE BONDED? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS AND SIMILAR OFFENSES, IN THE PAST SEVEN YEARS WHICH HAS NOT BEEN ANNULLED OR EXPUNGED OR SEALED BY A COURT? (THIS QUESTION IS NOT APPLICABLE FOR MINNESOTA APPLICANTS)
 YES NO (CONVICTION OF A CRIME WILL NOT BE AN ABSOLUTE BAR TO EMPLOYMENT.)
IF YES, DESCRIBE IN FULL: _____

HAS THE MANAGER EXPLAINED THE POSITION IN FULL DETAIL? YES NO

ARE YOU ABLE TO PERFORM EACH OF THE ESSENTIAL JOB FUNCTIONS FOR THE POSITION FOR WHICH YOU HAVE APPLIED? YES NO
IF NO, LIST THE FUNCTION(S) YOU ARE UNABLE TO PERFORM AND EXPLAIN WHY YOU ARE UNABLE TO PERFORM THESE FUNCTION(S): _____

APPLICANT'S INITIALS: _____

I ACKNOWLEDGE THAT ALL EMPLOYMENT OFFERS ARE CONTINGENT UPON SUCCESSFUL COMPLETION OF PRE-EMPLOYMENT DRUG AND/OR ALCOHOL TESTS.
APPLICANT'S INITIALS: _____

PLEASE READ AND SIGN BELOW

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 UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.

SIGNATURE _____

DATE _____

--FOR OFFICE USE ONLY--

RECEIVED BY _____

DATE _____



N O R T H W E S T T I R E I N C

AUTHORIZATION AND GENERAL RELEASE

I, _____, in connection with application for
(Please print name)

employment or continued employment authorize all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, military services, and former employers to release information they may have about me to Northwest Tire, Inc., or its agents, and releases them from any liability or responsibility from doing so.

I authorize the procurement of an investigative consumer report and understand that such report may contain information about my background, character, and personal reputation.

I authorize Northwest Tire, Inc. to procure my driving record from the state(s) in which drivers license(s) have been issued. If applying for a position that requires a CDL or I have a current CDL and apply for any position, Northwest Tire has authority to not only check the above mentioned information but also request: employment records from the last three years, driving records from the state(s) in which driver licenses(s) have been issued, accidents, hours-of-service violations, drug and alcohol testing reports and pertinent records, and any other information required by the Code of Federal Regulations (CFR) section 391.23 Title 49. If I, as a CDL driver, have copies of my driver's history information available, this will facilitate the background check process. I will inform Northwest Tire if I have such history available.

Further, I understand that this release will also apply to any future update reports, of any of the above, that may be requested or required.

Signature

Date

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BISMARCK ND 58506-6247
PHONE: (701) 221-9600
FAX: (701) 221-2553**