

PLEASE PRINT C	DR TYPE			Today's	Date		
First Name MI		MI	Last Name			Preferred	Name/Nickname
Street A	Street Address Apt # City		City	State		Zip Code	
Home Phone Alternate/Work F		Work Phone	e Email Address				
	A CHECK BY YOUR RE	SPONSE O	R PROVIDE		IATE INI		
Are you intereste	d in:			Full Time		Part Time	Temporary
What schedule w	What schedule would you prefer?		ekdays	Weekends		Evenings	Nights
How did you hear	r about the position?	Cla	ssified Ad	Friend (Nan	ne)	Radio	Internet
	Hourly Pay (Minimum, if applicable)	_\$		Annual Pay	\$ Minimu	ım	\$ Desired
When are you able to start work?		Date:		_			
In what local area	a do you prefer to work	?					
Position desired:							
PLEASE CHECK YES OR NO TO THE FOLLOWING:							
Are you authorized	d to work in the Unite	ed States?			Yes	No	
Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, <i>Gulf Tire Staffing LLC</i> will verify the 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.							

[Gulf Tire Staffing LLC] is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, Gulf Tire Staffing LLC complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Gulf Tire Staffing LLC also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

\_\_\_ Yes

No

Are you under 18 years of age?

If yes, can you fur	nish a work per	mit?			Yes	No
Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation?				n?	Yes	No
			LOW (MOST RECI			
	COMPANY NAME	•	-		OSITION and TITLE	
FROM	NO. & STREET			SUPER	/ISOR'S NAME, TITL	E and POSITION
/	_					
Month Year	CITY	STATE	ZIP CODE	SUPERV	/ISOR'S TELEPHONI	E NUMBER
	TYPE OF BUSINE	ESS	STARTING PAY		FINAL PAY	
			\$		\$	
ТО	TELEPHONE NUI	MBER	TERMINATION		REASON	
Month / Year	_ ( )		VOLUNTA			
	COMPANY NAME	<u> </u>		YOUR P	OSITION and TITLE	
FROM /	NO. & STREET			SUPERV	/ISOR'S NAME, TITL	E and POSITION
Month Year	CITY	STATE	ZIP CODE	SUPERV	/ISOR'S TELEPHONI	E NUMBER
	TYPE OF BUSINE		STARTING PAY		FINAL PAY	
	THE OF BOOME		\$		\$	
ТО	TELEPHONE NUI	MBER	TERMINATION		REASON	
Month / Year	_ ( )	···	VOLUNTA INVOLUNT			
	BRIEFLY DESCR	IBE YOUR <u>MAJOR</u>	UTIES AND REASON(S	) FOR TERM	IINATION	

	COMPANY NAME			YOUR P	OSITION and TITLE
FROM	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION		
Month / Year					
World Four	CITY	STATE	ZIP CODE	SUPER	/ISOR'S TELEPHONE NUMBER
	TYPE OF BUSINES	S	STARTING PAY	I	FINAL PAY
			\$		\$
ТО	TELEPHONE NUME	BER	TERMINATION		REASON
Month / Year	( )	( ) VOLUNT.		RY ARY	
	BRIEFLY DESCRIB	E YOUR MAJOR DUT	<u>(IÉS</u> AND <u>REASON(S)</u>	FOR TERM	IINATION
	COMPANY NAME			YOUR P	OSITION and TITLE
FROM  Month  Year	NO. & STREET			SUPER	/ISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE	SUPER	/ISOR'S TELEPHONE NUMBER
	TYPE OF BUSINES	S	STARTING PAY	II.	FINAL PAY
			\$		\$
ТО	TELEPHONE NUME	BER	TERMINATION		REASON
Month / Year	( ) VOLUNT.		VOLUNTAF INVOLUNT	ARY TARY	
	BRIEFLY DESCRIB	E YOUR MAJOR DUT	TIÉS AND <u>REASON(S)</u>	FOR TERM	IINATION

## **EDUCATION:**

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

## **PROFESSIONAL DESIGNATIONS:**

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED

## PROFESSIONAL LICENSES:

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

# **REFERENCES: Please list three professional references**

NAME	RELATIONSHIP	COMPANY	PHONE/ALTERNATE PHONE

#### PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

<u>References</u>: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

<u>Temporary/Contract Employment</u>: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

SIGNED:	DATE: