

BIG 10 TIRE STORES, INC.

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

This application is active for a period of 30 days.

P E R S O N A L	Last Name _____		First _____	Middle _____	Date _____	
	Street Address _____				Home Phone () -	
	City, State, Zip _____				Business Phone () -	
	Previous Address _____				Cell Phone () -	
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____					Social Security No. _____
	Position Desired _____				Pay Expected _____	
	Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Not, what hours can you work? _____					Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?					When will you be available to begin work? _____
	Other special training or skills (languages, machine operation, etc.) _____					
	How did you learn of our organization? _____					
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No						

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OF DIPLOMA
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer. Use additional sheet if necessary.

1	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

5	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

DO NOT CONTACT

We may contact the employers listed above unless you indicate those you do not want us to contact.

Employer Number(s) _____ Reason _____

DRIVING INFORMATION

Do you have a current valid driver's license? Yes No If yes, License No.: _____ State: _____ Expiration Date: _____

If you do not have a driver's license for the state in which you are currently reside, why not? _____

Has your license ever been suspended or revoked? Yes No If yes, explain: _____

Do you have personal automobile insurance? Yes No If no, explain: _____

Have you ever been denied personal automobile insurance or has it ever been terminated or suspended? Yes No If yes, explain: _____

Have you ever been convicted of, pled guilty to, or pled *nolo contendere* (no contest) to a charge of DWI or DUI? Yes No

Are any such charges currently pending against you? Yes No If yes to either question, explain: _____

Please list all your moving traffic violations in the last five (5) years:

OFFENSE	DATE	LOCATION	COMMENTS

I understand that Big 10 Tire Stores, Inc. (the Company) is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring, promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, and any other category protected by federal, state, or local law.

I authorize former and present employers, and professional, work, and personal references listed in the application and any other individuals I may name, to give the Company or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to the Company. I also authorize the Company to make such investigations and inquiries of my personal, financial or medical history, and other related matters as they deem necessary in arriving at an employment decision. I also authorize the Company to provide truthful information concerning my employment with it to future employers, and I agree to release it from all liability for providing such information.

As part of our procedure for processing your employment application, a consumer credit and/or criminal background investigation may be made whereby information is obtained through personal interviews with your neighbors, friends and others with whom you are acquainted. This inquiry may include information as to your character, general reputation, personal characteristics, or mode of living. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation (if any).

I acknowledge and agree that I may be required to submit to physical or medical examinations and searches of person, property, or lockers at the discretion of the Company.

If employed, I understand and agree that my employment will be at-will, for no definite or permanent duration and that my employment may be terminated by either me or the Company at any time without notice or cause. I understand that no one has any authority to change the at-will basis of my employment or to make any agreements with or promises to me concerning my employment which is binding on the Company, or on which I may rely, except in writing signed by the President of the Company.

I certify that the answers given herein and during the interview process are true and complete to the best of my knowledge and belief. I understand that falsification or omission of any information from this application may result in my discharge whenever discovered by the Company.

I further understand that this application for employment will remain active for thirty (30) days, and to be further considered for employment after that time I must come in and complete a new application form.

Any employment offer is subject to the applicant passing a drug test.

Date

Applicant's Signature