



APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

1454 Franklin Street Marne, MI 49435

Phone: (616) 677-5202

Fax: 616-677-3737

GENERAL INFORMATION

Date _____ / ____ / ____

First Name _____ Last Name _____ Middle Int. _____

Address _____ City _____ State _____ Zip _____

Cell Phone (____) _____ Home Phone (____) _____ Email _____

Are you 18 years of age or older?.....	<input type="checkbox"/>	<input type="checkbox"/>
If hired, can you provide written evidence that you are authorized to work in the U.S?.....	<input type="checkbox"/>	<input type="checkbox"/>
If the job you are applying for requires driving a vehicle, do you posses a valid Michigan license?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a crime?.....	<input type="checkbox"/>	<input type="checkbox"/>
Are there currently any felony charges against you?.....	<input type="checkbox"/>	<input type="checkbox"/>

If yes to either above, please state date, place & nature of conviction (a conviction does not constitute automatic bar from employment)

Have you ever worked for this company before? Yes No If yes, name if different than above _____

Date from _____ / ____ / ____	Date to _____ / ____ / ____	Position _____	Pay rate _____
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Reason for leaving _____

EMPLOYMENT DESIRED

Job(s) currently applying for 1 _____	Department _____
2 _____	Department _____
3 _____	Department _____

What kind of schedule are you available to work?
 Full-time Part-time Temporary On-Call Seasonal

Specify days and hours that you would NOT be available to work _____ List any relatives currently employed with this Company _____

EDUCATION

High School _____	Years _____	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	Course of study, degree received, certifications _____
College, Trade, Tech _____	Years _____	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of study, degree received, certifications _____
College, Trade, Tech _____	Years _____	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of study, degree received, certifications _____

EDUCATION CONTINUED

College, Trade, Tech _____	Years _____	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of study, degree received, certifications _____
Military Branch _____	Date from ____/____/____	Date to ____/____/____	Rank at discharge, Training Received _____

Please list any skills, abilities, training that you may feel may be an asset (Example: business machines, volunteer work, additional languages etc.)

Please list any licenses, registration, certificate, etc. which is related to the job you are applying for

Have you ever had any of the above suspended, revoked, placed on probation, or lapsed for any reason? If yes explain

Yes No _____

EMPLOYMENT HISTORY

Please give an accurate, complete full-time and part-time employment record. Start with present or most recent employer, and go back a minimum of 10 years. Do not omit any employment during that time. Add additional sheets if necessary. Answer each question completely and accurately. "See Resume" is not acceptable.

Employer Name _____	Start Date ____/____/____	Starting Pay Rate \$ _____	Job Responsibilities _____
Employer Address _____	End Date ____/____/____	Ending Pay Rate \$ _____	
Position Held / Job Title _____	Job Type <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	May we contact your current employer for a reference prior to a job offer <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor's Name & Title _____	Work Phone () _____	Reason for Leaving (explain) <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	

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PROFESSIONAL REFERENCES

List below the names of 3 people who have direct knowledge of your skills, experience and fitness for the position or field which you are applying.

Full Name	Occupation	Phone
_____	_____	()
Business or Home Address	City	State Zip
_____	_____	_____

Full Name	Occupation	Phone
_____	_____	()
Business or Home Address	City	State Zip
_____	_____	_____

Full Name	Occupation	Phone
_____	_____	()
Business or Home Address	City	State Zip
_____	_____	_____

CERTIFICATION

Applicants are considered for employment without regard to race, religion, color, national origin, sex, age, marital status, genetic information or the presence of any disability unless such disability effectively prevents the performance of the essential duties and functions required of the position. If you have a physical, mental or medical impairment which would interfere with your ability to perform in a position at Schneider Tire but which may be accommodated by, for instance, the purchasing of equipment or devices, the provision of readers or interpreters or the restructuring or altering of work schedules, the law requires that you notify Schneider Tire in writing of your need for accommodation within 182 days after you become aware or should reasonably have known the accommodation was needed.

I understand that this application is not a contract of employment. I certify that the answers given by me to the forgoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I hereby authorize all persons and institutions mentioned on this application to give information relative to possible future employment. I agree to release said persons, institutions, and Schneider Tire from all liability in regard to the final outcome(s) due to the transmission of reference material. I understand that falsification of any material information on this application may be considered sufficient cause for immediate termination. I understand that the employer follows an "employment at will" in that I, or the employer, may terminate my employment at any time for any reason consistent with applicable State or Federal law.

NOTICE: DRUG TESTING: It is our policy to maintain a work place that is free from the effects of both legal and illegal drugs and/or alcohol abuse. We may conduct drug testing of job applicants. Should we consider you for employment, you may be contacted regarding the time and location of the drug test. Refusal to take or failing the drug test will disqualify you from considerations for employment.

If hired, I promise to notify my immediate supervisor in writing promptly, if any license, registration, certificate, or any other credential required for any job in which I become employed lapses, is suspended, revoked, or placed on probation for any reason. I recognize and agree that failure to provide such notice may result in immediate dismissal. I have read, or have had read to me, and understand the above statement. I hereby certify that all information contained in this application is true, complete and accurate. APPLICATIONS WITHOUT SIGNATURES WILL NOT BE CONSIDERED FOR EMPLOYMENT. Thank you for considering us as a potential employer.

Applicant Signature	Date
_____	____ / ____ / ____