



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?..... Yes No

If you are applying for a job that requires driving a vehicle, are you 21 years of age or older?..... Yes No

If hired, can you provide written evidence that you are authorized to work in the U.S?..... Yes No

If the job you are applying for requires driving a vehicle, do you possess a valid chauffeur license?..... Yes No

Have you ever been convicted of a crime?..... Yes No

Are there currently any felony charges against you?..... Yes No

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? If yes, name if different than above
Yes No _____

Date from _____ Date to _____ Position _____ Pay rate _____
____ / ____ / ____

Reason for leaving

EMPLOYMENT DESIRED

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

_____ Department _____
2 _____

_____ Department _____
3 _____

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

EDUCATION CONTINUED

College, Trade, Tech	Years	Did you graduate?	Course of study, degree received, certifications
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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	May we contact your current employer for a reference prior to a job offer	
_____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<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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_____	____/____/____	\$ _____	_____
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_____	____/____/____	\$ _____	_____
Position Held / Job Title	Job Type	May we contact your current employer for a reference prior to a job offer	
_____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<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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Position Held / Job Title	Job Type	May we contact your current employer for a reference prior to a job offer	
_____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<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
_____	() _____	_____	_____

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
_____	____/____/____