TED WIENS Complete Auto Service Since 1948 **So. Nevada TBA Supply Co**

APPLICATION FOR EMPLOYMENT

All applicants will receive consideration for employment without regard to race, color, religion, sex, pregnancy, age, marital status, sexual orientation, national origin, physical or mental handicap. The following information is requested in order to help us make the best possible placement within the company. Our company subscribes to a DRUG FREE WORK PLACE. YOU WILL BE REQUIRED TO SUBMIT TO A DRUG SCREEN AS PART OF YOUR INITIAL APPLICATION PROCESS. All portions of this application pertaining to you must be completed.

POSITION DESIRED

Position(s) Applied For:	Salary Requirements:	Date of Application:

How Did You Learn About Us? (Please Check One)

☐ Advertisement ☐ Employment Agency ☐ Friend ☐ Relative ☐ Walk In ☐ Other

PERSONAL INFORMATION

Last Name	First Name	Middle Name
Telephone Number(s):		Best Time to Contact You:

GENERAL INFORMATION

Federal law prohibits the employment of unauthorized persons. Should you be hired, satisfactory proof of employment authorization and identity will be required within three (3) working days of hire.

Please answer the following questions:

If you are under 18 years of age, can you provide required proof of your eligibility to work?	☐ Yes	☐ No
Have you ever filed an application with us before? If yes, when? _____	☐ Yes	☐ No
Have you ever been employed with us before? If yes, when? _____	☐ Yes	☐ No
Do you have any friends or relatives working for our company? If yes, who? _____	☐ Yes	☐ No
Are you currently employed?	☐ Yes	☐ No
If you are currently employed, may we contact your present employer?	☐ Yes	☐ No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (proof of citizenship or immigration status will be required upon employment)	☐ Yes	☐ No
Are you willing to submit to a drug test?	☐ Yes	☐ No
Have you ever been convicted of any criminal offense other than a minor traffic violation? If yes, please attach a detailed written account of the offense. (Please note: answering "yes" will not necessarily disqualify you from employment)	☐ Yes	☐ No
Can you travel if a job requires it?	☐ Yes	☐ No
If required, are you willing to work weekends and holidays?	☐ Yes	☐ No
Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodations, in a safe or efficient manner?	☐ Yes	☐ No

GENERAL INFORMATION continued

Dates available to work: _____/_____/_____.

Are you available to work: ☐ Full Time (please indicate shift – Mornings Evenings)
☐ Part Time (please indicate – Mornings Afternoon Evenings)
☐ Temporary (please indicate dates: _____/_____/_____ - _____/_____/_____)

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

MOTOR VEHICLE OPERATION

This section must be completed if the position you are applying for requires the operation of a motor vehicle.

Do you have a driver's license? ☐ Yes ☐ No

If yes, complete the following:

What state issued your driver's license? _____ Is you driver's license valid? ☐ Yes ☐ No

License Number: _____ Expiration Date: _____ Type or Class of License: _____

Have your driving privileges ever been suspended or revoked? ☐ Yes ☐ No
If yes, please explain: _____

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

SPECIALIZED SKILLS/TRAINING

List all office, technical or professional skills and/or certificates, licenses and bilingual ability you possess that are relevant to the position for which you are applying. Be specific, for example, Typing 75 w.p.m., Fluent in Spanish, Equipment operation. If you have other skills you believe are important, list them.

_____

_____

_____

_____

_____

_____

_____

_____

PERSONAL REFERENCES (do not include family members or past supervisors)

Name	Phone Number	Best Time to Call

WORK EXPERIENCE

(Start with your present or most recent employer; you may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Insert a separate sheet of paper if more space is needed)

Employer Name: Address:	Dates Employed: From To	Work Performed:
Telephone Number(s): Job Title: Supervisor:	Rate of Pay: Starting Final	
Reason for Leaving:		

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COMMENTS (include explanation of any gaps in employment)

_____

_____

_____

It is the intent of Ted Wiens Tire & Auto to keep all information we receive during any background investigation private and confidential. Please read and sign the statement below allowing the company to verify past employment and information given on this application.

APPLICANT'S STATEMENT

I hereby agree to have the company or any agent of the company contact anyone necessary to investigate or verify any information I have given on this application, or to discuss my background, past performance, or my suitability for employment. I further agree to have my work background discussed by any person so contacted, and waive all my rights to bring any action for defamation, invasion of privacy, or any similar cause of action, against anyone contacted as a result of what is said about me. I also understand that information I supply will be checked and that any false statement or omission of fact or facts in connection with this Employment Application will result in no offer of employment or dismissal from the company if I am already employed.

This Employment Application shall be considered active for a period of time not to exceed six (6) months. Any applicant within to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an *"at will"* nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this *"at will"* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this company.

_____ _____

Signature of Applicant Date

WORK EXPERIENCE continued

Employer Name:	Dates Employed:	Work Performed:
Address:	From To	
Telephone Number(s):	Rate of Pay:	
Job Title:	Starting Final	
Supervisor:		
Reason for Leaving:		

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