



352 West Liberty Street  
Wooster, Ohio 44691  
(330) 264-9901  
Fax: (330) 264-1099

-----APPLICATION FOR EMPLOYMENT-----

**Personal Information**

SSN: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ Valid? Y / N

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo day year

**Employment Desired**

Position: \_\_\_\_\_ Desired Wage: \_\_\_\_\_

Date you can start: \_\_\_\_\_ Currently Employed? Y / N

Do you have reliable transportation to work? Y / N

Willing to work Saturdays? Y / N

Willing to work overtime if necessary? Y / N

Do you have any physical limitations that preclude you  
from performing any work for which you are being considered? Y / N

If yes, what can be done to accommodate your limitation? \_\_\_\_\_  
\_\_\_\_\_

Have you ever applied with our company before? Y / N When? \_\_\_\_\_

Previous Training/ Tire experience pertinent to the position you are applying for:  
\_\_\_\_\_

**Military Service**

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Present Membership in National Guard or Reserves: Y / N

## Education

| Education       | Name and Location of School<br>(City / State) | # of<br>years<br>attended | Did you<br>Graduate?<br>Y/N | Subjects<br>Studied |
|-----------------|---|---------------------------|-----------------------------|---------------------|
| Elementary      |   |                           |                             |                     |
| High School     |   |                           |                             |                     |
| College         |   |                           |                             |                     |
| Trade<br>School |   |                           |                             |                     |

## Employment History

| Date (month / year) | Name & Location of Employer | Wage | Position | Reason for<br>Leaving |
|---------------------|-----------------------------|------|----------|-----------------------|
| From                |                             |      |          |                       |
| To                  |                             |      |          |                       |
| From                |                             |      |          |                       |
| To                  |                             |      |          |                       |
| From                |                             |      |          |                       |
| To                  |                             |      |          |                       |

## Personal References

| Please list 3 non-relatives, whom you have known for at least 1 year. |              |       |                     |
|---|--------------|-------|---------------------|
| Name  | City / State | Phone | Years<br>Acquainted |
| 1.  |              |       |                     |
| 2.  |              |       |                     |
| 3.  |              |       |                     |

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.

I authorize the investigation of all statements contained herein and references listed above to give you and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without prior notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**Disclosure Under  
Fair Credit Reporting Act  
And  
Consent to Procurement of  
Consumer Report  
For  
Employment Purposes**

The undersigned hereby authorizes Smetzer's Tire Center, Inc., or its insurance agency, Whitaker-Myers Insurance Agency, Inc. or its assigns, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above-named employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Print name: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Driver's license #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*\*\*Do not write below this line\*\*\*

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**Fax back to Whitaker-Myers @ 330-345-7409**

An Agent's Guide to MVR's and Consumer Credit Information  
Professional Insurance Agents of Ohio

\_\_\_\_ Acceptable Driver

\_\_\_\_ Please add as a regular driver

\_\_\_\_ Not an Acceptable Driver

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