

Blackburn's Hubcap and Wheel Solutions

1001 Paster Court, Macedonia, OH 44056
www.blackburnwheels.com
330-467-0236 800-981-8321 (F) 330-467-0443

Application for Employment

Federal and state laws prohibit discrimination of employment based on age, sex, race, color, religious background, national origin, ancestry, service in the armed forces of the United States or non-job related handicap or disability.

Note: This application will be considered "active" by the company only during the fourteen (14) days following its completion by the applicant.

Personal Information

Name _____
First Middle Last

Present Address _____
Street City State/Zip

Years at Present Address _____ Email Address _____

Previous Address _____
Street City State/Zip

Telephone (_____) _____ Social Security Number _____

Have you served in the United States Armed Forces? _____
From _____ To _____ Branch _____ Rank _____

Position Applied For _____

Date you can start _____

Do you know anyone who works here? _____ Name _____

Do you have a reliable means of transportation to and from work? _____
Make _____ Year _____

The company reserves the right to request your driving record from the Bureau of Motor Vehicles. License number _____

Does your driving record contain any citations or convictions for traffic violations? _____
If yes, please explain _____

Education

Grade School – 1 2 3 4 5 6 7 8
(Circle highest grade completed)

Best subjects: _____
Weakest subjects: _____

High School – 9 10 11 12

Name: _____
Sports/Clubs: _____

College 1 2 3 4

Name: _____
Vocational or Trade Learned: _____

Employment History

List your work experience (starting with the present or most recent employer) for the last five years or your last three employers, whichever will provide us with the greatest information about you. Use the reverse side of the application form if you need additional space. Please account for all periods of unemployment in this section.

Name and address of employer _____
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Dates of employment From _____ To _____
Name of Supervisor _____
Job Title _____ Salary _____
Briefly describe your job duties and work experience: _____

Reason for leaving _____
May we contact this employer? ____ If no, why not? _____

Name and address of employer _____

Dates of employment From _____ To _____
Name of Supervisor _____
Job Title _____ Salary _____
Briefly describe your job duties and work experience _____

Reason for leaving _____
May we contact this employer? ____ If no, why not? _____

Name and address of employer _____

Dates of employment From _____ To _____
Name of Supervisor _____
Job Title _____ Salary _____
Briefly describe your job duties and work experience _____

Reason for leaving _____
May we contact this employer? ____ If no, why not? _____

Personal References

(Not relatives or former employees)

Name	Phone #	Street Address/City/State
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Have you ever been convicted of a crime? _____

If so, please describe fully the criminal conviction(s), listing the nature of the offense, your age at the time of the offense, and your rehabilitation since the conviction(s). (A conviction record will not necessarily be a bar to employment.)

Have you ever been refused bond? _____

If yes, when and by whom? _____

If under 18 years of age, do you have a work permit? _____

Do you have, or have you applied for the legal right to remain permanently and work in the U.S.? _____

You must submit satisfactory proof of your eligibility to work within 48 hours of making this application.

Briefly describe your use of the following

Smoking: Never _____ Quit/Years _____ Packs/Day _____ Packs/Week _____

Use of Alcoholic Beverages:

Never _____ Occasionally _____ Weekly _____ Daily _____

Describe _____

Use of Prescription Drugs:

Never _____ Occasionally _____ Weekly _____ Daily _____

Describe _____

Use of Non-Prescription Drugs:

(Do not limit your answer to the following, but examples would include aspirins, amphetamines, cold medicines, marijuana, sleeping pills, cocaine, diet pills, LSD, heroin etc.)

Never _____ Occasionally _____ Weekly _____ Daily _____

Describe _____

Applicant's Statement

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that if employed, false statements or omissions on this application are grounds for immediate dismissal upon discovery thereof. I authorize the employers and references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liabilities for any damage that may result from furnishing the same to you. I understand that I may be required to submit to a medical exam for drug, alcohol, or disease detection. I further understand that I may be required to undergo any other test, written or oral, designed to assess my suitability for employment.

I authorize the Company to run a consumer credit report on me.

Applicant's Signature _____ Date _____

In consideration of my employment, I agree to abide by the Company's rules and regulations. I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or supervisor, other than Torrey or Jimmy Blackburn, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Applicant's Signature _____ Date _____