



This company does not discriminate on the basis of race, national origin, age, sex, marital status or disability.

EMPLOYMENT APPLICATION

PLEASE READ THESE INSTRUCTIONS BEFORE YOU BEGIN TO FILL OUT THE APPLICATION

If you have any question or need help with the application, please let us know so that we can assist you. This is not a contract. This employment application is being used for the sole purpose of determining if you are qualified for the job. It is very important that you answer all questions accurately. If you make false or misleading statements on this employment application or during the interview, upon discovery, it will be grounds for rejecting your application or terminating your employment.

Which position are you applying for? _____

PERSONAL DATA

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

Social Security Number: _____

Phone: _____ Email: _____

EDUCATIONAL DATA

School	Location	Graduate?	Degree?
High School			
College			
Other			

EMPLOYMENT DATA

How you worked for this employer previously? (S&S Tire, Premier Transportation Network or Tire Track)

☐ Yes ☐ No If Yes, Employed from (Month/Year): _____ to: _____.

Note: List all employers in chronological order beginning with your most recent employer:

Employer: _____ Address: _____

Phone: _____ Position/Title: _____

Describe Work Duties: _____

Dates Employed – From: _____ To: _____ Supervisor: _____

Base Salary: _____ per _____ (hour, week, year)

Reason for Leaving: _____

Employer: _____ Address: _____

Phone: _____ Position/Title: _____

Describe Work Duties: _____

Dates Employed – From: _____ To: _____ Supervisor: _____

Base Salary: _____ per _____ (hour, week, year)

Reason for Leaving: _____

EMPLOYMENT DATA (continued)

Employer: _____ Address: _____
 Phone: _____ Position/Title: _____
 Describe Work Duties: _____
 Dates Employed– From: _____ To: _____ Supervisor: _____
 Base Salary: _____ per _____ (hour, week, year)
 Reason for Leaving: _____

QUESTIONS RELATED TO YOUR JOB ABILITIES

_____ Yes _____ No Have you been given a job description or had the requirements of the job explained to you?
 _____ Yes _____ No Do you understand these requirements?
 _____ Yes _____ No Can you perform the requirements of this job with or without reasonable accommodations?
 _____ Yes _____ No I am willing to submit to drug testing prior to or during employment.
 _____ Yes _____ No I understand that company policy may provide that I submit to a medical review after an offer of employment and I agree to the medical review.
 _____ Yes _____ No Have you used other names or social security numbers besides those listed on the employment application? If so, please list.

REFERENCES (Please list only references that are acquainted with your work-related activities.)

Name: _____ Address: _____ Phone: _____ Years Known: _____

Name: _____ Address: _____ Phone: _____ Years Known: _____

PLEASE READ CAREFULLY

I verify that all information in this employment application is true and correct. The company is authorized to contact prior employers, schools, and references listed above and they may provide my records, reason for leaving, and all other information they may have concerning me. I release all parties from any and all liability or claims for damage whatsoever that may result there from. I release the company of liability for injuries resulting from any physical and mental disorders. I have read all of the information on this application. I understand that the employment application is not a contract. I understand that employment by the company is at will. I acknowledge that if hired, either the company or I may terminate the employment relationship at any time with or without cause. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that if I have misled the company by providing false information, misleading information or omissions on this application, it may result in rejection of my application or discharge from employment. I understand that the use of illegal drugs is prohibited.

Signature: _____ Date: _____



DISCLOSURE REGARDING BACKGROUND INVESTIGATION

S&S Firestone Inc. ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. This information may be obtained in the form of a "consumer report" and/or an "investigative consumer report" (commonly known as a "background report"). These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), credit history*, verification of your education or employment history, drug screening or other background checks. This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses and educational institutions. The reports may also include information about your character, general reputation, personal characteristics, mode of living, etc., which can involve personal interviews with individuals or companies that you have listed as a reference, former employer, etc. A more comprehensive background investigation may be required pursuant to state or federal law, contract agreement or for certain sensitive positions (such as those with significant financial responsibilities). (*Please note that credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.)

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of any investigative consumer report obtained with regard to applicants for employment is an investigation conducted by Reference Services, Inc. (RSI). RSI is located and can be contacted by mail at 101 Plaza East Blvd, Suite 300, Evansville, IN 47715, and RSI can be contacted by phone at (800)881-0754. Information about RSI's privacy policy is available at the following link: <http://www.referenceservices.com/wp-content/uploads/2014/12/Consumer-Information-Privacy-Policy-2014.pdf>. The scope of this notice and authorization is all-encompassing and allows the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment or your contract period to the extent permitted by law.

First Name: _____

Last Name: _____

Signature: _____

Date: _____

**ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

I acknowledge receipt of the documents entitled "**Disclosure Regarding Background Investigation**" and "**A Summary of Your Rights under the Fair Credit Reporting Act**" and certify that I have read and both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, or status as an Advisor, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all drug screening and background information requested by Reference Services, Inc. [101 Plaza East Blvd, Suite 300, Evansville, IN 47715, (800)881-0754, www.referenceservices.com] and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only:

Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

California applicants only:

Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

- ☐ Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Please provide all requested information

Applicant's Name, Printed - First, Middle, Last		(write above the line)	Maiden or Other Name(s) Used	
Social Security Number *			Date of Birth* (Month, DD/YYYY)	
Phone Number – with area code			Email Address	
Printer Name as it appears on Driver's License			Driver's License Number	State
Current Address – City, State, Zip			Length of residence	
Previous Address – City, State, Zip			Length of residence	
Previous Address – City, State, Zip			Length of residence	
May we contact your current employer for reference?				
() Yes, () No				
			Signature	Date

* This information will be used as identification for background screening purposes only and will not be used as hiring criteria.

STOP

Complete the following pages only if you are applying for a position that requires you to drive a commercial vehicle.

Examples of these positions include:

- Drivers (delivery, route)
- Service Technicians
- Alignment Technicians
- Service Managers



DRIVER'S APPLICATION FOR EMPLOYMENT

*****PLEASE PRINT*****

Choose company: ☐ S&S Tire ☐ PTN ☐ Tire Track

Date of Application: _____ Position(s) Applied for: _____

NAME Last _____ First: _____ Middle: _____

SOCIAL SECURITY NO: _____

DATE OF BIRTH: _____ Can You Provide Proof of Age? ☐ Yes ☐ No

Do you have the legal right to work in the United States? ☐ Yes ☐ No

Are you presently employed? ☐ Yes ☐ No If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected? _____

DRIVER QUALIFICATIONS

Do you have a valid driver's license from the state in which you reside? ☐ Yes ☐ No

DRIVER LICENSE #: _____ EXPIRATION DATE: _____

STATE: _____ TYPE: _____

Have you been convicted of any moving violations within the past five (5) years? ☐ Yes ☐ No

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ Yes ☐ No

Has any license, permit, or privilege ever been suspended or revoked? ☐ Yes ☐ No

Have you been convicted of driving while under the influence of alcohol or drugs, or of reckless driving during the past seven (7) years? ☐ Yes ☐ No

If you answered 'yes' to any of the questions above, list the violations with the date(s) and type of violation in the 'Accident Record' or 'Traffic Convictions' table.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (Attach Sheet if More Space is Needed) IF NO ACCIDENTS, WRITE NONE.

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, etc.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (Other than Parking Violations) IF NONE, WRITE NONE.

LOCATION	DATE	CHARGE	PENALTY

DRIVER EXPERIENCE**DRIVING EXPERIENCE IF NONE, WRITE NONE.**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. NO. OF MILES (Total)
		From	To	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
MOTORCOACH – SCHOOL BUS				
SERVICE TRUCK				

EMPLOYMENT RECORD

(Attach Sheet if More Space is Needed)

NOTE: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown.*****Please List Employment Beginning with Most Recent Employment.*****

EMPLOYER: Name _____

Address _____

Position Held _____ From _____ to _____ Salary _____

Reasons for Leaving _____

Contact Person _____ Phone Number _____

EMPLOYER: Name _____

Address _____

Position Held _____ From _____ to _____ Salary _____

Reasons for Leaving _____

Contact Person _____ Phone Number _____

EMPLOYER: Name _____
 Address _____
 Position Held _____ From _____ to _____ Salary _____
 Reasons for Leaving _____
 Contact Person _____ Phone Number _____

EMPLOYER: Name _____
 Address _____
 Position Held _____ From _____ to _____ Salary _____
 Reasons for Leaving _____
 Contact Person _____ Phone Number _____

EMPLOYER: Name _____
 Address _____
 Position Held _____ From _____ to _____ Salary _____
 Reasons for Leaving _____
 Contact Person _____ Phone Number _____

EMPLOYER: Name _____
 Address _____
 Position Held _____ From _____ to _____ Salary _____
 Reasons for Leaving _____
 Contact Person _____ Phone Number _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

 Date

 Applicant's Signature

**RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY
APPLICANT/DRIVER REQUIRED BY PART 40.25(J)**

PART 40.25(j) requires Employers to ask Applicant/Driver whether s/he has tested positive or refused to test on any pre-employment alcohol or drug test administered by an Employer to which the Applicant/Driver applied but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past two (2) years.

Name: _____

Social Security Number: _____

Applicant/Driver to answer items listed below:

During the past two (2) years have you **tested positive** on a pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol rules?

Yes _____

No _____

During the past two (2) years have you **refused to test** a pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol rules?

Yes _____

No _____

If you answered YES to either of the questions above, please provide documentation of your successful completion of the return – to duty process required by Part 40 Subpart O.

Signature: _____ Date: _____
(of Applicant/Driver) (Month/Day/Year)

Record Keeping: If 'YES' to either question – 5 year retention
If 'No' to both questions – discard after employment terminate



S&S Tire

1475 Jingle Bell Lane • Lexington, KY 40555

****NOTE TO APPLICANT: COMPLETE ONLY THIS BOXED AREA.****

Applicant's Printed Name

Social Security Number

Applicant's Signature

Date

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

PREVIOUS EMPLOYER OR LESSOR: _____

I hereby authorize you to release the following information to **Reference Services Inc. for S&S Tire** for purpose of investigation, as required by section 391.23, drug and alcohol testing results, and training records for the past two years, as required by section 382.405 (f & h) & sections 382.413 (a, b, c, e, & f).

1. Position Held: _____

Employed From _____ To _____

2. Did he/she drive a motor vehicle for you? ☐ Yes ☐ No

If yes, please check all that apply

☐ Passenger Vehicle (less than 10,001 gvwt)

☐ Tractor/Trailer

☐ Service Truck (passenger vehicle greater than 10,001 gvwt) ☐ Other please specify: _____

☐ Straight Truck (greater than 10,001 gvwt) ****GVW: gross vehicle weight****

3. **Accidents:** Complete the following for any accidents included on your accident register (§390.15 subpart B) that involved the applicant in the 3 years prior or check below if there is no accident register data for this driver.

If none, check: ☐ # Preventable____ #Non-Preventable____ #DOT Recordable____

If more space is needed, please attach an additional sheet:

Date	City, State/Description	Fatality?	Injuries?	Hazmat?	Preventable?

4. Reason for leaving? ☐ Discharge ☐ Resignation ☐ Lay-Off ☐ Military Duty ☐ Other: _____

Eligible for rehire? ☐ Yes ☐ No ☐ Upon Review .

5. **Drug and Alcohol:** In the three years prior to the date of the employee's signature on the release, for DOT- regulated testing:

A. Did the employee have an alcohol test with a result 0.04 BAC or greater? ☐ Yes ☐ No

B. Did the employee have verified positive drug tests? ☐ Yes ☐ No

C. Did the employee refuse to be tested? ☐ Yes ☐ No

D. Did the employee have other violations of DOT agency drug and alcohol testing regulations? ☐ Yes ☐ No

E. Did a previous employer report a drug and alcohol rule violation to you? ☐ Yes ☐ No

F. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? ☐ N/A ☐ Yes ☐ No

NOTE: If you answered "yes" to any questions within item E, you must provide the previous employer's report. If you answered "yes" to item F, please transmit the appropriate return-to-duty documents (SAP Report(s), follow-up testing record).

Name & Title of person providing information: _____

Phone Number: _____ **Date:** _____

Signature: _____

FOR THE APPLICANT TO KEEP

Para informacion en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N. W., Washington, DC 20552.

A Summary of Your Rights Under The Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

FOR THE APPLICANT TO KEEP

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, [go to **www.consumerfinance.gov/learnmore**](http://www.consumerfinance.gov/learnmore).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567- 8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, [visit to **www.consumerfinance.gov/learnmore**](http://www.consumerfinance.gov/learnmore).

FOR THE APPLICANT TO KEEP

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act, 1921

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT:

a. Consumer Financial Protection Bureau
1700 G Street NW
Washington, DC 20552

b. Federal Trade Commission: Consumer Response Center -FCRA
Washington, DC 20580
(877) 382-4357

a. Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050

b. Federal Reserve Consumer Help Center
P.O. Box 1200
Minneapolis, MN 55480

c. FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106

d. National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314

Asst. General Counsel for Aviation Enforcement & Proceedings
Aviation Consumer Protection Division
Department of Transportation
1200 New Jersey Avenue, SE
Washington, DC 20590
Office of Proceedings, Surface Transportation Board
Department of Transportation
395 E Street S.W.
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

Associate Deputy Administrator for Capital Access
United States Small Business Administration
409 Third Street, SW, 8th Floor
Washington, DC 20416

Securities and Exchange Commission
100 F St NE
Washington, DC 20549

Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090

FTC Regional Office for region in which the creditor operates or
Federal Trade Commission: Consumer Response Center -FCRA
Washington, DC 20580
(877) 382-4357