

# WESTERN WHEEL AND TIRE

## Employment Application

APPLICANT INFORMATION			
Last Name		First	M.I.      Date
Street Address		Apartment/Unit #	
City	State		Zip
Phone	E-mail Address		DOB
Prior Street Address			
City		State	Zip
Date Available	SSN		Desired Salary
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, may we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position Applied For		Are you over 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you worked for this company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain
Do you have friends/relatives working here?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please name
EMERGENCY CONTACT INFORMATION			
Last Name		First	Phone
Street Address		Apartment/Unit #	
City	State		Zip
Email	How is this person related to you?		
Last Name		First	Phone
Street Address		Apartment/Unit #	
City	State		Zip
Email	How is this person related to you?		
EDUCATION			
High School		Address	
From	To	Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
College		Address	
From	To	Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Other		Address	
From	To	Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree

**PREVIOUS EMPLOYMENT**

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for leaving	
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason For Leaving	
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for leaving	
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			

**GENERAL**

List any foreign languages you speak and check your level of fluency

	Minimal <input type="checkbox"/>	Fluent <input type="checkbox"/>	Read <input type="checkbox"/>	Write <input type="checkbox"/>
	Minimal <input type="checkbox"/>	Fluent <input type="checkbox"/>	Read <input type="checkbox"/>	Write <input type="checkbox"/>
	Minimal <input type="checkbox"/>	Fluent <input type="checkbox"/>	Read <input type="checkbox"/>	Write <input type="checkbox"/>

List any special skills / abilities you have that can be applied to this position


**MILITARY**

Branch	From	To
Rank at Discharge	Type of Discharge	
Do you have any military commitment, including National Guard service that would influence your work schedule? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you a Vietnam Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a disabled veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**REFERENCES**

Please list three (3) professional references

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

**REASONABLE ACCOMMODATIONS**

If needed, please list any reasonable accommodations you believe that you will need to assist you in performing your job


**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release

Signature	Date
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**OFFICE USE ONLY**

Hire Date	Hire Class	
Re-class	Date	
Pay Week	Pay Month	
Pay Week	Pay Month	
Pay Week	Pay Month	
W-2 File	Change	
Deduction	Purpose	Thru
Deduction	Purpose	Thru
Release Date	Reason	



# BACKGROUND CHECK AUTHORIZATION AND DISCLOSURE FORM

## Section 1: Personal Information

**Legal Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
**Other Names:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
(aliases, maiden name)

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Driver's License/State ID Number:** \_\_\_\_\_ **Issuing State:** \_\_\_\_\_

**Current Phone Number:** ( \_\_\_\_ ) \_\_\_\_\_ **Current Email Address:** \_\_\_\_\_

By checking this box, I consent to receive sensitive information via email.

Have you resided in any states other than your current state in the past seven years?  Yes  No

### List all addresses for the last seven years:

1. Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Dates of Residence \_\_\_\_\_

2. Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Dates of Residence \_\_\_\_\_

3. Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Dates of Residence \_\_\_\_\_

## Section 2: Disclosure of Criminal History

Have you ever been convicted of a crime, including misdemeanors and felonies?  Yes  No

If yes, provide details for each conviction:

Crime: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_  
Sentence/Outcome: \_\_\_\_\_

Are there any charges pending against you at this time?  Yes  No

If yes, provide details for each pending charge:

Charge: \_\_\_\_\_ Date Filed: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_  
Nature of Charge: \_\_\_\_\_

# BACKGROUND CHECK AUTHORIZATION AND DISCLOSURE FORM

## Section 3: Authorization

I hereby authorize \_\_\_\_\_ and its designated agents and representatives to conduct a Comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the background check may include, but is not limited to, the following areas: verification of social security number, credit reports, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions, driving records, birth records, and any other public records.

Signature: \_\_\_\_\_

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

For applicants under 18 years of age, parent or guardian must sign below:

Parent/Guardian Signature: \_\_\_\_\_

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

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## Section 4: Employer Use

\_\_\_\_\_  
Position Applied For

\_\_\_\_\_  
Department

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

# BACKGROUND CHECK AUTHORIZATION AND DISCLOSURE FORM

## Instructions for Completion:

1. Fill in your legal name, any other names you have used, date of birth, current phone number, and email address. Consent to email communication is required for the transmission of sensitive information.
2. Provide your social security number and driver's license or state ID number, including the state of issuance.
3. List all the places where you have lived over the past seven years, including street addresses, cities, states, ZIP codes, and the dates of residence for each.
4. If you have been convicted of a crime, provide details of each incident including the crime, date, location, and sentence/outcome. Do the same for any pending charges.
5. Read the authorization statement carefully. By signing, you allow the company and its agents to conduct a background check for employment purposes.
6. After completing the form, sign and date it in the designated area. If you are under 18, a parent or guardian must also sign and date.

Please write clearly and provide accurate information. Inaccurate or incomplete information may delay the background check process.

## Definitions:

- **Conviction:** A ruling by a court that someone is guilty of a criminal offense.
- **Misdemeanor:** A criminal offense that is less serious than a felony and generally punishable by fines, penalties, or a brief imprisonment.
- **Felony:** A serious crime, typically one involving violence, and usually punishable by imprisonment for more than one year or by death.
- **Pending Charge:** A formal accusation of a crime that is currently awaiting trial or legal resolution.

## Your Rights Under the FCRA:

- **Right to Obtain a Copy of the Background Check:** You have the right to request and obtain a copy of the background check report from the company conducting the background check.
- **Right to Dispute Inaccurate Information:** If you find information in your background check report that you believe is inaccurate or incomplete, you have the right to dispute the information, and the reporting agency must investigate the disputed information.
- **Right to Additional Disclosures:** You have the right to receive additional disclosures of your file from the reporting agency upon request.
- **Right to Know if Information is Used Against You:** If information in your report is used to make an adverse employment decision, you must be notified and given the name, address, and phone number of the agency that provided the information.

Please note that the FCRA provides other rights not listed here. For more information about your rights under the FCRA, visit the Consumer Financial Protection Bureau's website or contact them directly.

## Additional Legal Notices:

- **Equal Employment Opportunity:** Employment decisions based on the background check will be made in a non-discriminatory manner consistent with state and federal equal employment opportunity laws and regulations.