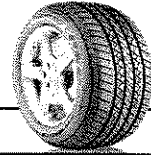


TRACTION WHOLESALE CENTER SMART TIRE CENTERS



APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position applying for: _____ Date: _____

How did you hear about this position? _____

Employment desired (check one): Full-time Part-time Either

Days Available to work: No Pref. Monday Tuesday Wednesday Thursday Friday Saturday

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Social Security Number _____

Are you at least 18 years of age? Yes No If no, please list age: _____

On what date would you be available to begin work? _____

Desired Wage/Salary \$ _____

Do you have a valid Driver's License? Yes No

Driver's License Number: _____ State of issue: _____ Expiration date: _____

Operator Commercial (CDL) Chauffeur

(Please Note: Your answers to any of the following questions will not automatically exclude you from the hiring process.)

Do you know how to drive a manual transmission? Yes No

Have you had any accidents during the past three years? Yes No If yes, how many? _____

Have you had any moving violations during the past three years? Yes No If yes, how many? _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please describe circumstances: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? Yes No

If yes, please describe circumstances: _____

If selected for employment, are you willing to participate in a Department of Transportation physical, including a drug screening test? Yes No

EDUCATION

| School Name | Location | Years Attended | Degree Received | Major |
|-------------|----------|----------------|-----------------|-------|
| | | | | |
| | | | | |
| | | | | |

Other training, certifications, or licenses held: _____

List any other information pertinent to the employment you are seeking: _____

EMPLOYMENT

(Most Recent First)

1. Employer _____ Job Title _____

Dates Employed _____ to _____

Address _____

City _____ State _____ Zip _____

Phone _____

Supervisor _____ Contact Number _____

Starting Salary _____ Ending Salary _____

Duties Performed: _____

Reason for Leaving: _____

2. Employer _____ Job Title _____

Dates Employed _____ to _____

Address _____

City _____ State _____ Zip _____

Phone _____

Supervisor _____ Contact Number _____

Starting Salary _____ Ending Salary _____

Duties Performed: _____

Reason for Leaving: _____

3. Employer _____ Job Title _____

Dates Employed _____ to _____

Address _____

City _____ State _____ Zip _____

Phone _____

Supervisor _____ Contact Number _____

Starting Salary _____ Ending Salary _____

Duties Performed: _____

Reason for Leaving: _____

ACKNOWLEDGMENT AND AUTHORIZATION

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing 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 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 organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date