



APPLICATION FOR EMPLOYMENT

Tires Plus Total Car Care

Minot—Bismarck—MAFB

Position title applying for: _____

PERSONAL CONTACT INFORMATION

Last Name	First Name	Middle Initial
Address		
City	State	Zip Code
Telephone Number	Alternate Telephone Number	E-mail

AVAILABILITY INFORMATION

Check if you are willing to work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Shifts you are willing to work <input type="checkbox"/> Day Shift <input type="checkbox"/> Split Shift <input type="checkbox"/> Evening Shift <input type="checkbox"/> Rotating Shift	Check the days you are available to work <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday
--	---	---

EDUCATIONAL BACKGROUND INFORMATION

Highest Grade Completed

Name of School	Course of Study	Degree

OCCUPATIONAL LICENSE / CERTIFICATES

Certificate Name	Organization	Completion Date

List any other qualifications such as special skills, abilities, equipment which should be considered.
Abilities:
Honors:
Additional Information:

MILITARY BACKGROUND INFORMATION

Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No

DRIVER LICENSE INFORMATION

Do you have a valid driver license? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

Driver License Type:	Issuing State:
Endorsement(s):	<input type="checkbox"/> Combination Tanker <input type="checkbox"/> Passenger Bus <input type="checkbox"/> Double and Triple Trailers <input type="checkbox"/> Tanker Vehicles <input type="checkbox"/> Hazardous Materials

EMPLOYMENT HISTROY - MOST RECENT EMPLOYER

Employer Name:
Job Title:
Start Date:
End Date:
Salary Based Upon:
Job Duties:

2nd MOST RECENT EMPLOYER

Employer Name:
Job Title:
Start Date:
End Date:
Salary Based Upon:
Job Duties:

Signature of Applicant: _____ Date: _____