

Employment Application



Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Date of Interview (Month/Day/Year):

/ /

Applicant Data

How were you referred to us:

Position Applied for:

Full Name:

Address:

City:

State:

Zip:

Phone:

Mobile/Pager/Other:

E-mail:

Date Available to Start:

Social Security Number:

- -

Salary Requirements:

If you are under 18 years of age, can you provide a work permit? ☐ Yes ☐ No If no, please explain:

Have you ever worked for this company? ☐ Yes ☐ No If yes, when?

Are you legally allowed to work in the United States? ☐ Yes ☐ No

Type of employment desired: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal

Have you ever pleaded guilty, no contest or been convicted of a crime? ☐ Yes ☐ No If yes, give dates and details:

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Driver's license number (if applicable to position):

State:

Education History

Name & Location of High School:

Did you graduate?

Name & Location of College:

Years attended:

Degrees completed:

Other Subjects Studied:

Trade, Business or Correspondence School:

Years attended:

Subjects Studied:

Did you graduate:

Summarize Your Special Skills or Qualifications

Previous Employment (begin with most recent position)

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? ☐ Yes ☐ No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? ☐ Yes ☐ No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? ☐ Yes ☐ No

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company 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, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature of Applicant: _____ Date: _____

This application for employment is sold only for general use throughout the United States. TOPS assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.



282 WHITE HORSE PIKE
CLEMENTON, NJ 08021

856-435-4427
FAX: 856-435-4814

Consent to Criminal Background Check and Motor Vehicle Records

☐ I hereby consent to a criminal background check and review of my New Jersey motor vehicle driver's license records and authorize the release of any information to Tire Corral of America, Inc. I hereby release the company, its divisions, affiliates, and anyone acting on their behalf from any and all claims or liabilities of any nature arising from or related to the preparation and disclosure of the information contained in the criminal background report.

☐ I do not consent to a criminal background check and motor vehicle driving records.

Name (please print)

Signature

Date