

# Discount Tire / America's Tire

## Corporate/Regional Office Employment Application

The Reinalt-Thomas Corporation d/b/a Discount Tire / America's Tire (The "Company")

### Personal Data

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

Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Position Applying For: \_\_\_\_\_  
(street address)

(city) (state) (zip code) Salary Desired: \_\_\_\_\_

### Background Information

Do you have the legal right to work in the United States? Yes  No  (Ability to legally work in the United States will be verified upon hire or rehire.)

Are you at least 16 years of age? Yes  No  Are you at least 18 years of age? Yes  No

If less than 18 years of age, do you have a work permit (if required by your state)? Yes  No  N/A

Have you ever worked for Discount Tire / America's Tire before? Yes  No  If yes, what position and location? \_\_\_\_\_

Have you ever applied at Discount Tire / America's Tire before? Yes  No  If yes, what position and location? \_\_\_\_\_

Have you ever been convicted of a felony crime? Yes  No  If yes, please explain: \_\_\_\_\_  
(Please follow applicable state regulations when answering this question. A conviction will not necessarily result in the denial of employment.)

Have you ever been discharged or asked to resign from any employment? Yes  No  If yes, please explain: \_\_\_\_\_

If the position you are applying for will require you to drive for the Company, do you have a valid driver's license? Yes  No

Do you have valid auto insurance? Yes  No

Are you willing to relocate? Yes  No  Comments: \_\_\_\_\_

Do you have any friends or relatives who have worked or are working at Discount Tire / America's Tire? Yes  No  If yes, list name(s): \_\_\_\_\_

If your work or school records are listed under other names, please specify: \_\_\_\_\_

### Essential Job Functions

Based on the job description for the position you are applying for:

a) Are you able to perform the essential job functions? Yes  No

b) Would you need any accommodations to perform the essential job functions (such as special equipment or changes in facilities or job procedures)?  
Yes  No

If yes, please briefly describe how you would perform the essential job functions and with what type of accommodation(s): \_\_\_\_\_

### How Were You Referred to Us?

<input type="checkbox"/> Walk-in Applicant	<input type="checkbox"/> Internet Job Posting (Website Name)
<input type="checkbox"/> Tires.com Website	<input type="checkbox"/> Employment Agency (Company Name)
<input type="checkbox"/> College/University	<input type="checkbox"/> Employee Referral (Employee Name)
<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Other (Please specify) _____

### Attendance and Punctuality

Consistent attendance and punctuality are essential requirements of every job with Discount Tire / America's Tire.

Is there anything that would interfere with your regular attendance and punctuality if you were offered a job with this Company? Yes  No

If yes, please explain: \_\_\_\_\_

### Education

Did you graduate from high school? Yes  No  G.E.D.  What is the highest elementary, high school or college grade you have completed? \_\_\_\_\_

School Name	Location (city and state)	Major course or subject	Graduated	Degree
Junior College			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade School:			Yes <input type="checkbox"/> No <input type="checkbox"/>	
University:			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other:			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please list any job-related skills, equipment experience or qualifications acquired from employment or other experiences to be considered in evaluating your qualifications.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Employment History

Please list your employment history for the past seven years using additional paper if necessary. Begin by listing your most recent position. Additionally, explain any periods of unemployment longer than one month. Please complete the entire employment history section even if attaching a resume.

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Name of Present or Last Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_

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Street Address, City, State and Zip Code: \_\_\_\_\_ Supervisor's Phone Number: \_\_\_\_\_

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Job Title: \_\_\_\_\_ Start Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ Start Date: \_\_\_\_\_ Final Date: \_\_\_\_\_

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Job Description and Responsibilities:

See attached resume

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Explain reasons/circumstances for changing or wanting to change jobs.

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May we contact this employer? Yes  No  If "no" may we contact them upon your acceptance of our employment offer? Yes  No

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Name of Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_

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Street Address, City, State and Zip Code: \_\_\_\_\_ Supervisor's Phone Number: \_\_\_\_\_

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Job Title: \_\_\_\_\_ Start Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ Start Date: \_\_\_\_\_ Final Date: \_\_\_\_\_

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Job Description and Responsibilities:

See attached resume

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Explain reasons/circumstances for changing jobs.

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May we contact this employer? Yes  No  If "no" may we contact them upon your acceptance of our employment offer? Yes  No

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Name of Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_

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Street Address, City, State and Zip Code: \_\_\_\_\_ Supervisor's Phone Number: \_\_\_\_\_

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Job Title: \_\_\_\_\_ Start Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ Start Date: \_\_\_\_\_ Final Date: \_\_\_\_\_

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Job Description and Responsibilities:

See attached resume

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Explain reasons/circumstances for changing jobs.

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May we contact this employer? Yes  No  If "no" may we contact them upon your acceptance of our employment offer? Yes  No

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Explanation of unemployment longer than one month in your employment history: \_\_\_\_\_

## Employment History, continued

Additional Employers:

Name and Phone Number	Start Date	Final Date	Job Title and Salary	Reason for Leaving

## Additional Work Experience

Please list the numbers of years experience for each.

___ Administrative Assistant	___ General Office	___ Ordering/Inventory/Purchasing
___ Accounting	___ Human Resources	___ Information Technology
___ Accounts Payable	___ Mailroom/Distribution	___ Telephone Communication
___ Accounts Receivable	___ Payroll	___ Customer Service
___ Data Entry	___ Receptionist	___ Organizational Management
___ Employee Benefits	___ Supervisor	___ Time Management

## Computer Experience

Please list relevant programming skills, technical support, user support, etc., indicate level of proficiency and years experience for each.

Program Name	Beginner	Intermediate	Advanced	Years Experience
Lotus Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microsoft Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microsoft PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PeopleSoft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AS/400	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
List Other Languages, Programs, Databases, Software, Hardware:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## References

Please list three persons best qualified to comment on your related experience and/or education. Please do not include relatives.

Name	Title/Relationship	Mailing Address or Email Address	Daytime Telephone	Years known
1.				
2.				
3.				

## Employment Goals

Please answer the following questions.

What would be the advantage to the Company in hiring you?

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What talents and skills do you possess that you would like to see utilized?

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What are your long range career goals and objectives? 5 years? 10 years?

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How would you describe your ideal company to work for?

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Additional comments:

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Printed Name \_\_\_\_\_ Date \_\_\_\_\_

By signing this application for employment, I certify that I have read and understand all parts of it and certify that I have truthfully and completely answered all questions. I understand that falsification or omission of material information given herein or in any other employment-related form or context is grounds for immediate termination, regardless of when such falsification may be discovered. I understand that nothing in this application is intended to imply or create an employment contract. I authorize Discount Tire / America's Tire and its representatives to investigate my education, employment, experience, felony conviction records and all other aspects of my background relevant to my proposed employment, including all statements made by me in my application for employment. Further, I understand that employment will be contingent upon successfully passing a pre-employment drug-screening test. I understand and agree that if I am offered employment by Discount Tire / America's Tire it will be on an at-will basis. This means either Discount Tire / America's Tire or I may terminate the employment relationship at any time for any reason, with or without cause. This policy of at-will employment may be revised, deleted or superseded only by a written employment agreement signed by the employee in question, the CEO, CAO and the COO that expressly revises, modifies, deletes or supersedes the policy of at-will employment. If accepting employment with Discount Tire / America's Tire, I agree to comply with all company policies, procedures and practices which Discount Tire / America's Tire may revise, modify in whole or in part at any time and with all laws, rules and regulations during my employment with Discount Tire / America's Tire.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Discount Tire / America's Tire is an equal opportunity employer. All applicants for employment will be considered without regard to race, color, sex, national origin, ancestry, age (over 40), religion, Veteran status, physical or mental disability, as well as any other category protected by federal, state or local laws. This application will remain active for at least 30 days. After that time, application must be renewed by the applicant if he/she wishes to be reconsidered for employment.



## **BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM**

In the interest of maintaining the safety and security of our customers and employees, The Reinalt-Thomas Corporation (“the Company”) will procure a consumer report and/or investigative consumer report (“background check report”) on you in connection with your employment application, and if you are hired or currently employed, may procure additional background check reports on you for employment purposes. First Advantage, or another consumer reporting agency, will prepare the report. First Advantage can be reached at P.O. Box 3367, Seminole, FL 33775-3367 or by telephone at 1-800-321-4473, ext. 8.

The background check report will contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include but are not limited to: social security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; references checks; credit reports; licensing and certification checks; and drug testing results. The information will be obtained from private and public record sources, including in some circumstances interviews with your associates, friends and neighbors.

You may request more information about the nature and scope of any background check reports by contacting Human Resources at 480.606.6000. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form.

**State Law Notices:** If you live, or are seeking work, in California, Maine, New York or Washington State, please note the following information:

**CALIFORNIA:** You may view the file maintained on you by First Advantage, and obtain a copy of the file, upon submitting proper identification and paying duplication costs, by appearing at their offices, during normal business hours and on reasonable notice, or by mail. You may also receive a file-summary by telephone. First Advantage has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

**MAINE:** You have the right, upon request, to know whether the Company requested a background check report on you. You may request and receive from the Company, within five (5) business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing a background check report concerning you. You also have the right to request and promptly receive from all such agencies copies of any such reports.

**NEW YORK:** You have the right, upon written request, to know whether the Company requested a background check on you from a consumer reporting agency. If a report is requested, you may inspect and receive a copy of the report by contacting the agency.

**WASHINGTON STATE:** You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested. 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.

**AUTHORIZATION FOR BACKGROUND CHECKS**

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to procure a background check report on me that is prepared by a consumer reporting agency. I understand that, if I am hired, the Company may rely on this authorization to procure additional background check reports during and throughout my employment without asking for my authorization again.

I also authorize the following entities to disclose to the consumer reporting agency and its agents all information about or concerning me, including, but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and, any other person, organization or agency with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, drug test results, military service, professional credentials, and all other information requested by the consumer reporting agency or its agents.

**For residents of, or for jobs located in, California, Minnesota and Oklahoma:** You may request a free copy of any background check reports on you by checking the box below.

I request a free copy of the report.

**Last Name** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

**Current Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Month and Day of Birth Only** \_\_\_\_\_  
(FOR ID PURPOSES ONLY)

**Driver's License State** \_\_\_\_\_ **Driver's License Number** \_\_\_\_\_

**Please provide any former / other names you have used:**

1. **Last Name** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

2. **Last Name** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

3. **Last Name** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

**I promise the information I provided on this form is true and correct. I understand that dishonesty will disqualify me from consideration for employment with the Company, or if I am hired, that I may be terminated.**

**I agree that a facsimile or photocopy of this form may be used in lieu of the original.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*Para informacion en español, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave., N.W., Washington, DC 20580*

## 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.ftcgov/credit](http://www.ftcgov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

- ❑ **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, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) 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.ftc.gov/credit](http://www.ftc.gov/credit) 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 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.
- ❑ **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.ftc.gov/credit](http://www.ftc.gov/credit).
- ❑ **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 [www.ftc.gov/credit](http://www.ftc.gov/credit).

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. Federal enforcers are:

TYPE OF BUSINESS:	PLEASE CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, MO 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator- GIPSA Washington, DC 20250 202-720-7051