



Adirondack Tire Corp.

Application for Employment

Today's Date _____

Name (Last Name, First Name)		Social Security Number:	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone Number ()		Referred by	

Employment Desired

Please check the position (s) desired <input type="checkbox"/> Manager <input type="checkbox"/> Sales <input type="checkbox"/> Accounting <input type="checkbox"/> Warehouse <input type="checkbox"/> Driver		Date You Can Start	Salary Desired
Are you employed now?	If so, may we contact your present employer?		
Have you ever applied to this company before?	What branch did you apply to?	When?	
Do you have a valid driver's license?	If yes, which state?		ID:

Education History

Name of School	Location of School	Years Attended	Did You Graduate?	Subject Studied
Grammar School				
High School				
College				
Trade, Business Or Correspondence School				

Former Employers (List below last three employers, starting with last one first)

Date Month And Year	Name And Address Of Employer	Salary	Position	Reason For Leaving
From _____				
To				
From _____				
To				
From _____				
To				

General Information

Subjects of special study/research work or special training skills

References:

Please provide the names of three people not related to you, whom you have known for at least a year.

Name	Address	Occupation	Years Known

Authorization

"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."

Date_____Signature_____

Interviewed
By_____Date_____

Applications can be faxed to 518-869-3575 or dropped off in person to 2015 Central Avenue Albany, NY. Please direct questions to Tracy Randall 518-869-5800. Thank you.

_____PLEASE DO NOT WRITE BELOW THIS LINE_____

Remarks

Hired	Position	Date Started	Salary	Branch #