

Employment History

Start with most recent

Name of Company: _____ Start Date: _____ End Date: _____
Street Address: _____ Supervisor: _____
City, State, Zip: _____ Phone #: _____
Position/ Title: _____
Job Duties: _____
Reason for Leaving: _____ Start \$: _____ End \$: _____
Was the position Full Time Part Time How many hours per week? _____
OK to contact? Yes No If no, provide details/ alternative: _____

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Drug Free Workplace Policy

Drug and alcohol use in the workplace poses a danger to us all. We cannot tolerate drug and alcohol abuse by any of our employees. It is this company's policy to employ a workforce free from drugs and alcohol. Accordingly, the following conduct is prohibited:

- A. The use, possession, solicitation for or sale of illegal drugs, alcohol, or prescription medication without a prescription on company or customer premises;
- B. Being under the influence of illegal drugs, alcohol, or prescription medication without a prescription on company or customer premises;
- C. The use, possession, solicitation for or sale of illegal drugs, alcohol or prescription medication without a prescription off company or customer premises that adversely affects the employees work performance, his or her own or another's safety or our reputation.

If you are found to engage in any of the above prohibited conduct you will be subject to disciplinary action up to, and including, termination. You will be deemed to be under the influence if a drug or any of its metabolics or alcohol is present in any detectable amount.

In accordance with our company policy and the Federal Drug Free Workplace Act, employees are required to agree to:

1. Abide by the terms of the drug free workplace policy; AND
2. Advise us within five (5) days of any criminal conviction for substance violations in the workplace.

DRUG AND ALCOHOL TESTING POLICY

As a condition of employment or continued employment, you may be required to undergo drug and/or alcohol testing. Submission to such testing is not mandatory unless you wish to be considered for employment or continued employment.

POST-ACCIDENT TESTING: Any employee who has a work related accident or an incident in which safety precautions were violated or unusually careless acts were performed while employed may be requested to undergo drug and/or alcohol testing immediately following the accident.

REASONABLE SUSPICION: Where there is reasonable suspicion that you are using or are under the influence of illegal drugs, alcohol, or prescription medication without a prescription, you may be requested to undergo drug and/or alcohol testing.

RANDOM: Random drug testing may be conducted if permitted by the state law.

If the results of the drug and/or alcohol test indicate the presence of illegal drugs, alcohol, or prescription medication without a prescription, the following will occur:

1. If an applicant, you will be ineligible for employment. If already employed, you may be subject to disciplinary actions up to, and including, termination.
2. Pursuant to State Law, Unemployment, and Workers' Compensation Benefits may be denied.

If you refuse to submit to testing immediately after a work-related accident or upon reasonable suspicion or random testing you will be considered to have voluntarily terminated your employment. If you interfere with the administration of the test or refuse to submit to testing as a condition of employment or continued employment, after previously agreeing to submit to such testing you will be ineligible for employment or continued employment.

Acceptance of this policy is a condition of employment or continued employment.

We reserve the right to interpret, change, suspend, cancel, or dispute, with or without notice, all of any part of this policy. Nothing contained in this policy alters the at-will status of employment, or is intended or should be construed as a contract, express or implied.

CONSENT AND RELEASE

I have received a copy of the drug and alcohol testing policy and voluntarily give my consent to Ben Tire/Neal Tire, its subsidiaries and franchised and licensed offices ("employer") to perform a pre-employment physical and drug and/or alcohol testing. I authorize release to, and use and evaluation of the test results by my employer, a medical review officer or other healthcare professional, my employer's workers compensation insurer and to any person and/or entity that may have cause to view my personnel file and understand that such results may be used in any administrative or legal proceeding associated with my employment.

I release and hold harmless employer, its employees, agents, shareholders, officers, directors, affiliates, clients, and licensors or franchisers from any claim, demand, cause or action I may now or in the future have against any or all of them which results from my submissions to or my refusal to submit or drug and/or alcohol testing or the use of such test results as described above.

Required Signature

My signature below confirms that:

- The information I have provided is true and correct to the best of my knowledge
- I authorize you to confirm any of the information provided, personal history and obtain a consumer report, which may include a criminal background, DMV and/or credit check information
- I authorize Ben Tire/Neal Tire to check references and release them from any liability or claims I may have which arise or result from any reference provided pursuant to this authorization or any authorized disclosure thereof.
- I authorize Ben Tire/Neal Tire to disclose any pertinent information concerning me to others, including companies with whom I may interview or be assigned to.
- I release all parties and persons from any liability that may result from furnishing such information to you, as well as, from the use or disclosure of such information by you.
- Any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer of work or my dismissal from employment if I am hired.
- I agree that the employment relationship can be terminated at will either be me or by you, with or without cause, and with or without notice at any time.
- I have read and understand the Drug Free Workplace Policy and agree with the terms and conditions.

Printed Name: _____ SSN#: _____

Signature: _____ Date: _____