

# APPLICATION FOR EMPLOYMENT 2024 F23

## 60 Years Serving Middle Georgia

Equal Employment Opportunity Employer & Georgia Drug Free Workplace

Mail To: P.O. Box 7166 Macon, GA 31209

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
E \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
ZIP \_\_\_\_\_

TELEPHONE (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_  
DOB(Optional) \_\_\_\_\_

ARE YOU 18 YEARS OF AGE OR OLDER? YES \_\_\_\_\_ NO \_\_\_\_\_

**Social Security Card & DL will need to be provided upon interview.**

EMAIL ADDRESS \_\_\_\_\_ DATE AVAILABLE FOR  
EMPLOYMENT \_\_\_\_\_

Have you ever been employed by this company?

Yes  No

Are you employed now?

Yes  No

May we contact your present employer?

Yes  No

If yes, give supervisor name and phone number :

\_\_\_\_\_

Are you a U.S. Citizen?

Yes  No

Are you prevented from lawfully becoming employed in this country because of visa or immigrations status?  Yes  No

Job Applying For: \_\_\_\_\_ Type of work desired:

\_\_\_\_\_

How did you hear about the job opening?

\_\_\_\_\_

Salary Desired:

\_\_\_\_\_

Are you able to perform the essential functions of the job correctly and timely in which you are applying?  Yes  No

Are you available to work Monday thru Saturday 7:30am until 6:30pm?  Yes  No If not, When \_\_\_\_\_ Are you desiring to work? \_\_\_\_\_ Part-Time ,

\_\_\_ Full, and/or w/ \_\_\_ Over-Time \_\_\_\_\_ hours weekly

Do you possess excellent customer service, people, listening, and communication skills?

Example: \_\_\_\_\_  
\_\_\_\_\_

Do you have a valid Georgia driver's license? \_\_\_ Yes  
\_\_\_ No

Do you have any infractions (tickets) on your driving record for the last 3 years? \_\_\_ Yes  
\_\_\_ No 3YR MVR Required If Yes, what?

\_\_\_\_\_  
License # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ 3YR Motor Vehicle  
Report Required (MVR)

Have you ever been convicted of a felony?

\_\_\_ Yes \_\_\_ No

(Please note that a "Yes" answer will not bar you from consideration for employment.)

If yes, explain:

\_\_\_\_\_

*This company is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. This company will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essentials functions of the job.*

Education: -Name of Schools

Years Attended

High School

\_\_\_\_\_ /

College/Study \_\_\_\_\_ /

Graduate/Study

\_\_\_\_\_ /

\_\_\_\_\_  
(Years Completed/Year Graduated)

(Name)

(City located)

Special Skills, Qualifications and Considerations:

Summarize special skills and qualifications, volunteer activities, military experience,

employment or other activities related to the job you are seeking:

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### Personal References:

List three (3) non-relatives who are familiar with your qualifications, work history, and ability:

Do you know anyone who is working with Raffield Tire or has previously worked here?

Name	Occupation/Relationship	Years Known
Telephone		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you know a current or past employee from Raffield Tire? (if so, who?) \_\_\_\_\_

### Employment Experience: *(Beginning with most recent-use back if additional space is needed)*

Employer _____	Supervisor's Name _____
Address _____	Your Job Position _____
Telephone Number _____ (mo/yr)	Employed from _____ (mo/yr) to _____
Your Salary: from _____ to _____	Duties _____

What did you like most about your job?  
\_\_\_\_\_

Reason for Leaving  
\_\_\_\_\_

Employer _____	Supervisor's Name _____
Address _____	Your Job Position _____
Telephone Number _____ (mo/yr)	Employed from _____ (mo/yr) to _____

Your Salary: from \_\_\_\_\_ to \_\_\_\_\_ Duties

\_\_\_\_\_  
What did you like most about your job?

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
Employer \_\_\_\_\_ Supervisor's Name

\_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position

\_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_ (mo/yr) to  
\_\_\_\_\_ (mo/yr)

Your Salary: from \_\_\_\_\_ to \_\_\_\_\_ Duties

\_\_\_\_\_  
What did you like most about your job?

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
Employer \_\_\_\_\_ Supervisor's Name

\_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position

\_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_ (mo/yr) to  
\_\_\_\_\_ (mo/yr)

Your Salary: from \_\_\_\_\_ to \_\_\_\_\_ Duties

\_\_\_\_\_  
What did you like most about your job?

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
Employer \_\_\_\_\_ Supervisor's Name

\_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position

\_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_ (mo/yr) to  
\_\_\_\_\_ (mo/yr)

Your Salary: from \_\_\_\_\_ to \_\_\_\_\_ Duties

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What did you like most about your job?

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Reason for Leaving

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Employer \_\_\_\_\_ Supervisor's Name

Address \_\_\_\_\_ Your Job Position

Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)

Your Salary: from \_\_\_\_\_ to \_\_\_\_\_ Duties

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What did you like most about your job?

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Reason for Leaving

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***PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION.***

***ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.***

***I understand, if offered employment that my employment is contingent on the accuracy of this employment application and accuracy of any subsequent forms required by Raffield Tire Masters, Inc.***

**NOTICE BEFORE ORDERING CONSUMER REPORTS**

(Including Motor Vehicle Reports and Credit Reports)

The Fair Credit Reporting Act (FCRA) provides individuals with certain rights regarding consumer reports and places certain obligations on employers using reports for employment-related purposes. Consistent with the FCRA's requirements, this notice is provided to you in order to inform you that Raffield Tire may for employment-related purposes (e.g. evaluating you for initial employment, promotions, transfers, assigned duties, retention as an employee, etc.), obtain from a consumer reporting agency one or more consumer reports containing financial information, criminal record information, driving record information and/ or other relevant information about you. Raffield Tire will not obtain a consumer report without your signature below authorizing us to obtain one or more consumer reports.

**AUTHORIZATION TO OBTAIN CONSUMER REPORTS**

I hereby acknowledge that I have read and understand the contents of the above notice and, by signing below, specifically authorize Raffield Tire to obtain one or more consumer reports on me for employment-related purposes as indicated above.

I certify that all the answers and statements I have made on this application (and resumé or other supplementary materials) are true and complete without omissions. By signing below, I authorize Raffield Tire to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information that I provide will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

If hired, I will be responsible for familiarizing myself with all rules and regulations of Raffield Tire as they presently exist or are later modified. *If hired, I understand my employment can be terminated, at the discretion of Raffield Tire or at my option, without notice, at any time and for any reason.*

I also understand that no representative of Raffield Tire has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the president of Raffield Tire.

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

**PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM**

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Raffield Tire in the selection process of applicants for employment, for the purpose of determining the drug content thereof. I agree that *Macon Occupational Medicine* may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by Raffield Tire. I understand that the current use of illegal drugs would prohibit me from being employed at Raffield Tire. I further agree to hold harmless Raffield Tire and its agents (including the above named physician or clinic) from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with Raffield Tire's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

I understand that I will be drug screened, complete a physical, undergo a back assessment and will have a complete background check done prior to employment. A current 3 year MVR (Motor Vehicle Report) from the DMV needs to be supplied in person to Raffield Tire within one week of an employment offer.

I have read, understand, and agree with the above requirements and statements.

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Signature of Applicant

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Date

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