



## Application for Employment

(Please Print Clearly)

Date \_\_\_\_\_ Position Desired \_\_\_\_\_

Location \_\_\_\_\_ Plymouth \_\_\_\_\_ Lakeville \_\_\_\_\_

Check Shift Desired \_\_\_\_\_ 1<sup>st</sup> Shift \_\_\_\_\_ 2<sup>nd</sup> Shift \_\_\_\_\_ 3<sup>rd</sup> Shift \_\_\_\_\_

Type of Employment Desired \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_

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

Present Address \_\_\_\_\_  
Street City State Zip Code

Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Date Available For Work \_\_\_\_\_ Will work overtime? \_\_\_\_\_ Are you 18 yrs or older? \_\_\_\_\_ Expected Pay/Hr. \_\_\_\_\_

**Employment History:** Please list the name of your present or most recent employer first. All parts of this section must be completed. Include any Military service. Do not reference a resume.

**Present or Most Recent**

**Employer Name & Address** \_\_\_\_\_ Phone # \_\_\_\_\_

Date Employed From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_ Full or Part-time \_\_\_\_\_

Starting Pay \_\_\_\_\_ Current/Final Pay \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title and Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Employer Name & Address** \_\_\_\_\_ Phone # \_\_\_\_\_

Date Employed From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_ Full or Part-time \_\_\_\_\_

Starting Pay \_\_\_\_\_ Current/Final Pay \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title and Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Employment History:** (continued)

Continue to list previous employers in reverse order

_____ Company	_____ City	_____ Position	_____ From	_____ To
_____ Company	_____ City	_____ Position	_____ From	_____ To
_____ Company	_____ City	_____ Position	_____ From	_____ To

**Are you legally eligible for employment in this country?**          Yes                No      How did you learn about this position?                     Friend                     Newspaper Ad                     Walk-in                 Workforce Development Office                     Other (please specify)                    

Did a current Hoosier employee refer you to apply, if so please provide their name: \_\_\_\_\_

Do you know any current Hoosier employees, if so please list their names: \_\_\_\_\_

**Educational Background**

Name and Location	Years Completed	Did You Graduate	Course of Study
High School			
College			
Trade School/Other			

List any previous experience, skills training, and licenses that pertain to the position(s) for which you are applying

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**APPLICANT'S STATEMENT**

I certify that all information I provided on this application and in any interview will be true, accurate and complete. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be terminated. I understand that nothing in this application or in the granting of an interview implies, or should be understood as, a promise of employment.

I authorize the Company to make such investigations and inquires of my personal and employment history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and all persons from all liability in responding to inquires in connection with my application. Further, I authorize the Company to provide truthful information concerning my employment with them to my future prospective employers and I agree to hold them harmless for providing such information.

I understand that the Company requires me to submit to a drug/alcohol test, and may require a medical examination to the extent permitted by law. I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I also understand my at-will status will not change with future changes in compensation or responsibilities.

**DO NOT SIGN UNTIL YOU READ AND UNDERSTAND THIS STATEMENT**\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Applicant

Hoosier Racing Tire Corp. is an Equal Opportunity Employer

Date: 9/17/20

FORM #513



**CONFIDENTIAL REFERENCE REQUEST FORM**

AUTHORIZATION IS HEREBY GRANTED TO ANY AND ALL PREVIOUS EMPLOYERS TO PROVIDE THE REQUESTED INFORMATION TO HOOSIER RACING TIRE CORP. I AGREE TO RELEASE SAID PERSON, INSTITUTIONS, AND HOOSIER RACING TIRE CORP., FROM ALL LIABILITY IN REGARDS TO THE TRANSMISSION OF THIS REFERENCE MATERIAL.

Signature of the applicant \_\_\_\_\_

Print Name \_\_\_\_\_

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**Previous Employer's Evaluation**

Employee \_\_\_\_\_ SS # \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Date \_\_\_\_\_

The above named applicant has indicated previous employment with your firm. Your evaluation of this person will be sincerely appreciated and will be held in complete confidence. Both the applicant and I will benefit from an early reply since their potential employment is pending.

Date of Employment \_\_\_\_\_ to \_\_\_\_\_ Position or Title \_\_\_\_\_

Description of Duties \_\_\_\_\_

Reason for Separation \_\_\_\_\_

If employee resigned, did they give required notice? Yes/No Rate Pay \_\_\_\_\_

Would you rehire? Yes/No If no, why? \_\_\_\_\_

(Please circle appropriate description)

Quality of Work	Excellent	Good	Average	Poor	Unacceptable
Quantity of Work	Excellent	Good	Average	Poor	Unacceptable
Attendance	Excellent	Good	Average	Poor	Unacceptable
Cooperation	Excellent	Good	Average	Poor	Unacceptable
Attitude	Excellent	Good	Average	Poor	Unacceptable
Initiative	Excellent	Good	Average	Poor	Unacceptable

Other Comments (Your remarks are the most important part of this questionnaire.) \_\_\_\_\_

Form completed by \_\_\_\_\_ Title \_\_\_\_\_

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

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

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

### For Employer Use Only

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_



## APPLICANT DATA RECORD

Continental is a Federal contractor or subcontractor. We are required by Federal law to reach out to, recruit, and provide equal opportunity to minorities, women, qualified people who have disabilities, and Protected Veterans. Further, the Federal Government requires contractors and subcontractors to invite job applicants, new hires, and employees to tell us their gender, ethnicity and race as well as whether they have, or have previously had, a disability or are a Protected Veteran. We will use this information to measure the effectiveness of our outreach, recruitment, and other employment practices.

Your submission of information is voluntary. Information you provide will be kept confidential in accordance with Federal law, and will not affect our consideration of your job application or subject you to negative treatment of any kind.

Continental complies with the Americans With Disabilities Act (ADA). As such, please know that the disability-related information you supply as part of this form will not be available to your future manager or to Human Resources generally. If you are later hired and require a potential workplace accommodation due to a medical condition, you should notify the Human Resources representative for your location. Completing this form will not provide that notice and is not a mechanism for requesting a potential reasonable accommodation – to the application process or as an employee.

### **Voluntary Self-Identification of Race, Ethnicity and Gender**

Please check the applicable categories:

**Gender:**

MALE     FEMALE     I DON'T WISH TO ANSWER

**Ethnicity:**

Are you Hispanic or Latino?

YES     NO     I DON'T WISH TO ANSWER

**Race:**

If you answered "No" to the above question regarding Ethnicity, please select one of the following:

- |   |   |
|---|---|
| <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE | <input type="checkbox"/> BLACK OR AFRICAN AMERICAN          |
| <input type="checkbox"/> WHITE                          | <input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLANDER |
| <input type="checkbox"/> ASIAN                          | <input type="checkbox"/> TWO OR MORE RACES                  |
| <input type="checkbox"/> I DON'T WISH TO ANSWER         |   |

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Covered Veteran Status

Continental is a government contractor or subcontractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires us to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

### How do I know if I am a Protected Veteran?

- 1) A "disabled veteran" is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.
- 2) A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- 3) An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- 4) An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

As a Government contractor or subcontractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category.

Please indicate whether you belong to any of the four (4) categories of Protected Veterans listed above:

- YES, I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
- NO, I AM NOT A PROTECTED VETERAN
- I DON'T WISH TO ANSWER

As a Federal contractor or subcontractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. Protected Veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. Further, the information you submit will be kept confidential in accordance with Federal law.

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date