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TIDWELL TIRE CENTER, INC.

923 WEST MARSHALL AVE. LONGVIEW, TX 75604 Ph. 903-758-6263 fax 903-758-6265

Employment Application

Applicant Information

Full Name:			Date:							
Address:	Last First				M.I.					
	Street Address				Apartment/Unit #					
Phone: (City	E-mail A			State Address:			ZIP Code		
Date Availab	al Security No.:			Desired	l Salary:	\$				
Position Appl	lied for:									
Have you eve Have you eve	zen of the United States? er worked for this company? er pleaded guilty, no contest ed of a crime?	or YES NO	If yes, wh	nen?	uthorized to			YES	NO 	
		Educ	cation							
High School:		_ Address:								
From:	To:	Did you graduate?	YES	NO	Degree:					
College:		_ Address:								
From:	To:	Did you graduate?	YES	00	Degree:			_		
Other:		_ Address:								
From:	To:	Did you graduate?	YES	NO	Degree:		···.	_		
		Refere	ences							
Please list thre	ee professional references	•								
Full Name: _	Full Name: Relationship:									
Company: _					Phone:	()				
Address:						\ <u></u> /				
Full Name:	Full Name: Relationship:									
Company: _					Phone:	()				
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Full Name:	Full Name: Relationship:									
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