

APPLICATION FOR EMPLOYMENT

SOUTHWEST WHEEL CO., S.A.
 343 GEMBLER
 SAN ANTONIO, TEXAS 78219

EQUAL OPPORTUNITY EMPLOYERS M-F

In order that your application be properly evaluated, it is essential that all of the following questions be answered carefully and completely. Please feel free to use a resume to supplement this application.

*PERSONAL DATA

Name: First			Middle	Last	Today's Date
Nickname or maiden name, if needed to verify the contents of this application:					
Street Address		City	State	Zip	Social Security No.
Telephone No.					
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you at least 18 years old?					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Do you have a valid driver's license? Answer if operating a motor vehicle is a requirement of the job for which you are applying.					
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any relatives employed by this company? If yes, list: _____					
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you a U.S. Citizen? If no, do you have a legal right to remain and work in the U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No. <div style="text-align: right;">Give visa/work permit no. _____</div>					
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of an offense, other than a minor traffic violation? If yes, give details (offense, date, disposition) _____					
<input type="checkbox"/> Yes <input type="checkbox"/> No **Do you have any physical or mental disability that might hinder your performance on the job? If yes, describe. _____					
<input type="checkbox"/> Yes <input type="checkbox"/> No Would you consent to a physical exam if requested?					
**The Rehabilitation Act of 1973 prohibits discrimination based upon physical-mental handicaps.					
*Federal law prohibits discrimination on the basis of age, sex, race, color, religion or natural origin.					

OCCUPATIONAL DATA

Position Desired:		Date Available
1. _____	2. _____	
How were you referred to this company?		Min. acceptable salary
		\$ _____ per mo./hr.
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you previously applied for employment with this company? If yes, when _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever worked for this company, or any of the other companies listed above? If yes give details (Position, when, why left) _____		

EDUCATIONAL RECORD

Circle Highest Grade Completed										1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Type of School	Name of School	City	State	Date Attended		Graduate		Major Study & Degree	Grade Average																				
				From	To	Yes	No																						
High School																													
College (1)																													
College (2)																													
Business/Trade																													
Other (Specify)																													
Typing <input type="checkbox"/> Yes _____ wpm <input type="checkbox"/> No				Shorthand <input type="checkbox"/> Yes _____ wpm <input type="checkbox"/> No				10-Key <input type="checkbox"/> Touch <input type="checkbox"/> Sight <input type="checkbox"/> No																					
List any machines you can operate:																													
List any special skills, courses, technical or professional knowledge, licenses or achievements that would support your application.																													

WORK HISTORY

List Employers during past 5 years, beginning with most recent. Attach additional sheet if necessary to complete work history.

Name of Company	Type of Business	Employment Dates			
Business Address - City - State	Telephone No.	From		To	
		Mo.	Yr.	Mo.	Yr.
Job Title	Immediate Supervisor	Earnings at			
Description of Duties		Hire		Term.	
		\$		\$	
Reason for Termination					
Name of Company	Type of Business	Employment Dates			
Business Address - City - State	Telephone No.	From		To	
		Mo.	Yr.	Mo.	Yr.
Job Title	Immediate Supervisor	Earnings at			
Description of Duties		Hire		Term.	
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		\$		\$	
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		Mo.	Yr.	Mo.	Yr.
Job Title	Immediate Supervisor	Earnings at			
Description of Duties		Hire		Term.	
		\$		\$	
Reason for Termination					

MILITARY RECORD

Branch of Service	Reserve Status	Service Dates			
Initial Rank	Final Rank	Enter		Discharge	
		Mo.	Yr.	Mo.	Yr.
Briefly describe your military duties					
List any special training or skills related to your job interest					

I certify that the information I have provided to the foregoing questions is true and correct, and that no attempt has been made to conceal pertinent information. In case employment, any false statement will be considered sufficient cause for dismissal. All new employees are hired on a probationary status for three months and employment shall be considered a trial period within which you may be dismissed at any time without notice and for any cause whatsoever by payment of the wages actually earned at the time of dismissal.

I willingly and freely release and hold absolutely harmless and deny any recourse on my behalf to any person, company, military service agency, school, university, college, doctor, hospital, clinic, or any other individual agency or institution who releases or provides information to the Company, or its duly authorized representatives.

I further willingly agree without recourse against the Company, or any of its authorized representatives to submit to any test not discriminatory and not illegal, including polygraph, to further establish my background for personal reasons.

I will abide by the present company rules and regulations or any reasonable rules and regulations that may be put into effect if I am employed. I agree to be responsible for company property and equipment issued me by the company until returned by me and to pay for property and equipment not returned.

I understand that certain employees are bonded and I further understand that if the bonding company does not complete its investigation until after I am employed and for any reason refuses bond, it will constitute grounds for automatic discharge.

This application becomes void after 60 days unless renewed.