



Date of Application: _____

EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

Personal Information

Name: (Last Name First)		
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Email:
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>No minor shall be employed unless such employment is in compliance with all applicable laws and regulations concerning age, hours, compensation, health and safety.</i>

Employment Information

Position applied for:	Location:	Date available for work:
Desired salary or hourly rate of Pay:	Shift preference: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> N/A	
Have you been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, give date: Explain:	
How were you referred to this company?	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Proof will be required, if hired)</i>	
Are you able to perform the "essential functions" of the job for which you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need more information about the job's "essential functions" to respond.	<i>This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later date to the extent permitted by law.</i>	
Will you work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:	
Will you relocate if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you travel if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History (List below your last four employers, starting with your most recent one first)

Date Month & Year	Name & Address of Employer	Job Title	Reason for Leaving
From			
To			
Supervisor:		Phone:	Email:
Work performed:			
Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
From			
To			
Supervisor:		Phone:	Email:
Work performed:			
Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
From			
To			
Supervisor:		Phone:	Email:
Work performed:			
Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
From			
To			
Supervisor:		Phone:	Email:
Work performed:			
Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Education History

	Name & Location of School (City & State)	Years Completed	Did you Graduate (Yes/No)	Course of Study	Degree or Diploma
High School					
College					
Graduate School					
Vocational Training-Other					

Continuing Education: _____

Skills & Qualifications

List any special training, skills, licenses and/or certifications that may assist you in performing the position for which you are applying.

Computer Skills: (Check appropriate boxes)

<input type="checkbox"/>	AS400
<input type="checkbox"/>	Spreadsheets
<input type="checkbox"/>	Microsoft

<input type="checkbox"/>	Internet
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Other: _____

Military Service: Have you obtained any special skills or abilities as a result of service in the military?

Yes No

If so, describe: _____

Branch: _____ Rank/Rate: _____

Field of Specialization: _____

Current Selective Service Classification: _____

Reference

(List below the names of three individuals not related to you, whom you have known at least two years)

Name	Title	Relationship	Telephone	Email	Years Known

TITAN IS A DRUG FREE EMPLOYER AND REQUIRES ALL APPLICANTS TO PASS A PRE-EMPLOYMENT DRUG SCREEN

Applicant Statement

I certify that all the information submitted by me on this application is true and complete, and I understand that the inclusion of any false or misleading information, or omissions, will be sufficient cause to eliminate me from further consideration for employment; and if I am employed, my employment may be terminated at any time.

I authorize, this employer, its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions to verify the accuracy of all information provided by me in this application, resume and/or job interview. I hereby waive any and all rights and claims that I may have regarding this employer, its agents, employees or representatives, for seeking, gathering and using such information in a lawful manner, in the employment process.

I understand that this employer does not unlawfully discriminate in the employment process and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains active for ninety (90) days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment it will be necessary to complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Chief Executive Officer.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States.

Should I receive an offer of employment, I give my permission for a complete post-job offer pre-employment physical examination, which includes an audiogram and drug/alcohol test performed by a licensed facility. I consent to release to the company any information related to such examinations and testing as the employer may deem necessary.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I Certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement

Signature of Applicant:

Date:

Titan International, Inc. and all subsidiaries are at-will employers. That is, either you or Titan may terminate the employment relationship at any time with or without cause. The at-will relationship remains in full force and effect notwithstanding any statement to the contrary made by company personnel or set forth in any document.