



Equal Opportunity Employer, M/F/V/H

The Company is an equal opportunity employer and does not discriminate in recruitment, hiring, training, promotion or other employment practices for reasons of race, color, religious creed, national origin, citizenship, sex, marital status, or on the basis of age. The Company does not discriminate against disabled or Vietnam Veterans or the handicapped. No question in this application is intended to secure information to be used for such discrimination.

Replies to all questions will be held in strictest confidence. If your answers or statements require additional space, obtain supplemental sheets from the personnel receptionist.

PERSONAL INFORMATION

Last Name		First	Middle	Home Phone	
Present Address	Number and Street	City	State	Zip	From To
Show For Last Five Years					
Are you 18 years of age or above? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Driver License Type:				Number:	
1. Have you received Worker's Compensation benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, explain.					
2. Do you have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:					
Have you ever been previously employed at Eastside Towing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when, where, and in what position?					
How were you referred to us? <input type="checkbox"/> Walk-in <input type="checkbox"/> Ad <input type="checkbox"/> Employee <input type="checkbox"/> Agency <input type="checkbox"/> Other					
Who referred you to us?					

JOB REQUIREMENTS

State the position desired (be specific).		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Will you work at any location? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state your location preference.			
Would you consider relocation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you be able to travel out-of-town and/or overnight on your job if necessary? <input type="checkbox"/> yes <input type="checkbox"/> No			
State any limitations on your work hours.			
Salary requirements:		Will you work overtime? <input type="checkbox"/> weekends <input type="checkbox"/> Daily	
Are there any factors, including your physical or mental condition, which would limit your ability to perform the job for which you have applied? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain.			
When would you be available to begin work?			

EDUCATION RECORD

Circle Highest Year Completed:

High School:

1

2

3

4

College:

1

2

3

4

5

6

Schools Attended Past and Present	Name and Location	From	To	Did you Graduate	Diploma, GED Or Degree	Major Studies	Grade Average
High School							
Associates Degree							
Bachelors Degree							
Other (Vocational, Tech, AIB, etc.)							
Do you plan to continue your education? If yes, Where?							
[] Yes [] No If so, do you have any outstanding applications for admission to any school at present? [] Yes [] No							
What foreign languages do you fluently speak, read, or write? (answer only if applicable to position applied for)							
List those activities which may have relevance to the position applied for.							

SKILLS RECORD

TO BE COMPLETED FOR POSITIONS WHICH REQUIRE OPERATIONAL SKILLS:

SKILL	YES	NO	LEVEL OF SKILL	YEARS EXPERIENCE
Typing			Speed	
Shorthand			Speed	
Dictation Equipment			Type	
Word Processor			Type	
Calculator / 10 Key Adding Machine			Model	
Personal Computer			Type	
Towing & Recovery			Type	
Mechanical Skills			Type	
Straight Truck Driving			Type	
Tractor Trailer			Type	

Indicate any additional experience or special skills:

EMPLOYMENT RECORD					
Please complete in detail starting with your present or last employer. Explain any lapse of time, Use additional sheets if necessary					
	Employment Dates Month and Year	Employment		Salary	
				Start	Final
1	From	Company Name	Phone Number	\$ per:	\$ per:
	To:	Address	Zip	<u>Other compensation</u>	
	Job Title:	Supervisor's Name and Title:			Hour worked per week
	Describe your duties:				
	Reason for leaving:				
2	From	Company Name	Phone Number	\$ per:	\$ per:
	To:	Address	Zip	<u>Other compensation:</u>	
	Job Title:	Supervisor's Name and Title:			Hour worked per week
	Describe your duties:				
	Reason for leaving:				
3	From	Company Name	Phone Number	\$ per:	\$ per:
	To:	Address	Zip	<u>Other compensation:</u>	
	Job Title:	Supervisor's Name and Title:			Hour worked per week
	Describe your duties:				
	Reason for leaving:				
4	From	Company Name	Phone Number	\$ per:	\$ per:
	To:	Address	Zip	<u>Other compensation:</u>	
	Job Title:	Supervisor's Name and Title:			Hour worked per week
	Describe your duties:				
	Reason for leaving:				
5	From	Company Name	Phone Number	\$ per:	\$ per:
	To:	Address	Zip	<u>Other compensation:</u>	
	Job Title:	Supervisor's Name and Title:			Hour worked per week
	Describe your duties:				
	Reason for leaving:				
May we contact present employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been refused bond? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If so, state reason and date					
Have you ever been convicted of a criminal offense (other than minor traffic violations)?					
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, State date and disposition:					

Have you used illegal drugs without a doctor's prescription in the last year? ☐ Yes ☐ No If so, please explain.

Have you ever illegally taken money or articles of value from your previous employers?
If so, please explain.

☐ Yes ☐ No

AGREEMENT

PLEASE READ CAREFULLY:

- I hereby agree to bring fingerprinted before or during my employment, and agree to my fingerprint record being processed by the FBI.
- I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal, whenever such falsification is discovered.
- I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated by me or the Company, at any time, and for any reason, with or without cause, and without any previous notice. I further acknowledge that any offer of employment, or my acceptance of an employment offer, if such is to occur, may be withdrawn for any reason at any time and without prior notice at the option of the Company or myself.
- I fully understand that because of the nature of the business conducted by the company that all information, whether written, spoken or otherwise communicated or obtained, and all ties and records of any and every description, relating to the business of the Company or to anyone with whom the Company has dealings, constitute privileged matters and are to be treated in a strictly confidential manner. I fully understand and agree that, should I enter the employ of the Company, I am not to, and will not at any time, communicate or reveal any business of the Company or any such information or records or files or the matters contained therein, to unauthorized personnel within the Company, nor to anyone outside the Company. I also understand that any violation of the foregoing shall be sufficient grounds for termination of my employment.
- I understand that after commencement of employment with the Company I may be requested to voluntarily submit to a polygraph (lie detector) examination administered by a certified operator in compliance with "The Employee Polygraph Protection Act of 1968." Such tests will only be conducted where specific incidents of loss or injury are being investigated. Employees will be advised of their legal rights prior to the administration of the polygraph examination. I understand that failure to meet the minimum standards set for the exam in addition to other supporting evidence may result in immediate suspension or discharge.
- I freely and voluntarily agree to submit to a written honesty inventory, as part of my application for employment. I understand that either refusal to submit to the written honesty inventory, or failure to qualify according to the minimum standards established by the Company for this inventory may disqualify me from further consideration for employment.
- I understand that my credit record may be checked as part of my application for employment. I understand that failure to qualify according to the minimum standards established by the Company may disqualify me from further consideration for employment. I further understand that upon commencement of employment with the Company, my credit record may be periodically checked, and failure to meet the Company standards may result in disciplinary action, including termination.
- In making this application for employment, I understand that a routine Investigative Report may be made whereby information is obtained through personal interviews with third parties such as family member, business associates, financial source, friends, neighbors, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable, in addition, the report includes a criminal record check, driver's licenses check, education verification and a public record check, I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
- In the event of my employment to a position in the Company, I will comply with all rules and regulations as set forth in the Company's policy manual or other communication distributed to employees. I further understand that these rules and regulations may be changed, interpreted, withdrawn or added to by the Company at any time, at the Company's sole option and without any prior notice to me.

Application Date

Applicant's Signature

WE ARE AN EQUAL OPPORTUNITY EMPLOYER M/F/H/V

Please write down your hours of availability below, NOT preferred hour but what you are available to work.

SUNDAY	_____	AM	To	_____	PM
MONDAY	_____	AM	To	_____	PM
TUESDAY	_____	AM	To	_____	PM
WEDNESDAY	_____	AM	To	_____	PM
THURSDAY	_____	AM	To	_____	PM
FRIDAY	_____	AM	To	_____	PM
SATURDAY	_____	AM	To	_____	PM

****Note if you are available to work any time please put 12AM to 12PM for each day****

List any Holidays or other days needed off below:

Sign: 

Last 4 of Soc. Sec. # XXX-XX-

