

# B & B TOWING

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

LEGAL NAME (FIRST, MI, LAST)			SOCIAL SECURITY #		DATE
PRESENT ADDRESS		CITY	STATE	ZIP CODE	
PREVIOUS ADDRESS		CITY	STATE	ZIP CODE	
HOME PHONE #	CELL PHONE #	OTHER PHONE #			
DRIVERS LICENSE #	STATE ISSUED	ENDORSEMENTS:	DATE OF BIRTH		LEGAL NAME (FIRST, MI, LAST)

### EMPLOYMENT DESIRED

POSITION		FULL TIME / PART TIME		DATE YOU CAN START	
HRS AVAILABLE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	SATURDAY	SUNDAY	COMMENTS:		

### WORK HISTORY

ARE YOU CURRENTLY EMPLOYED?		HOURS & SHIFTS CURRENTLY WORKED:		MAY WE CONTACT YOUR PRESENT EMPLOYER?	
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO	
CURRENT OR MOST RECENT EMPLOYER:		PHONE #	POSITION		SALARY
ADDRESS, CITY, ST		DATES WORKED	REASON FOR LEAVING:		
PREVIOUS EMPLOYER		PHONE #	POSITION		SALARY
ADDRESS, CITY, ST		DATES WORKED	REASON FOR LEAVING:		
PREVIOUS EMPLOYER		PHONE #	POSITION		SALARY
ADDRESS, CITY, ST		DATES WORKED	REASON FOR LEAVING:		

### BACKGROUND HISTORY

HAVE YOU HAD ANY TRAFFIC / DRIVING CITATIONS WITHIN THE LAST 5 YEARS?		<input type="checkbox"/> YES <input type="checkbox"/> NO	EXPLAIN:
HAVE YOU HAD ANY FELONY CHARGES WITHIN THE LAST 10 YEARS?		<input type="checkbox"/> YES <input type="checkbox"/> NO	EXPLAIN:
COMMENTS:			

## EDUCATION HISTORY

HIGH SCHOOL	CITY, STATE	YEARS ATTENDED	DID YOU GRADUATE	SUBJECT STUDIED
COLLEGE	CITY, STATE	YEARS ATTENDED	DID YOU GRADUATE	SUBJECT STUDIED
TRADE SCHOOL	CITY, STATE	YEARS ATTENDED	DID YOU GRADUATE	SUBJECT STUDIED

## DRIVING EXPERIENCE

DESCRIBE ANY TOW TRUCK DRIVING EXPERIENCE, INCLUDING LENGTH OF EXPERIENCE AND TYPE OF EQUIPMENT OPERATED:
DESCRIBE ANY OTHER TRUCK DRIVING EXPERIENCE, INCLUDING LENGTH OF EXPERIENCE AND TYPE OF EQUIPMENT:

## REFERENCES

NAME	ADDRESS	PHONE	YRS KNOWN	RELATIONSHIP
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## AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I hereby authorize the employer to conduct any investigations into my background including criminal background checks, driving record information, and any other pertinent information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

SIGNATURE	DATE
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