

# Application for Employment

Pre-Employment Questionnaire  
Equal Opportunity Employer

Date \_\_\_\_\_

This application will be considered current for 90 days from the date of this application. After that it must be renewed to be considered. All applicable questions must be answered for this application to be considered.

## Personal Information

Name (last, first, MI)		Social Security Number	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone Number	Secondary Phone	Referred By	

## Emergency Contact

Name	Address	Phone	Relationship
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## Employment Desired

Position	Date you can start	Salary Desired
Are you employed now? YES NO	If so, may we inquire of your present employer? YES NO	Are you legally authorized to work in the U.S.? YES NO
Have you ever applied to this company before? YES NO	When?	What position?
Are you interested in: FULL TIME PART TIME AS NEEDED		

Please list the hours you are available to work each day

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Do you have any restrictions on day and time availability due to other jobs, child custody, etc.?

YES NO If yes, please explain and give days and times.

Are you available to work holidays? YES NO

Are you available to work weekends? YES NO

Is there any reason you would not be able to perform your job duties? YES NO

If yes, please explain.

**Trainings/Certifications**

Please list any special trainings or certifications you have that will help you perform your job.

Training/Certification	Date Acquired	Expiration?

**Driving History**

Do you have a valid driver's license?	License Number _____
Do you have reliable transportation to and from work each day?	YES NO
Do you have a BTRO (Board of Towing and Recovery Operators) license?	YES NO
Please list any traffic violations you have incurred in the last 7 years, starting with the most recent.	
1	
2	
3	
4	
5	

Please use an additional sheet of paper if more room is needed.

**Former Employers** (List your last four employers, starting with the most recent)

Name	Address	Phone	Supervisors Name & Title
Dates Employed / / - / /	Beginning & Ending Position		Starting & Ending Pay Start \$ _____ End \$ _____
Describe job duties & responsibilities			
Reason for leaving			

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Reason for leaving			

**Education History**

	Name & City of School	Years Attend	Did you graduate?	Subject Studied
High School				
College				
Trade School				
Trade School				

Have you ever been convicted of a crime?	YES	NO	If yes, please explain.

"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 also understand and agree that no representative of the company has any authority to enter into any agreements for employment for any specified period of time, or to make any agreement 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 American with Disabilities Act (ADA) and other relevant federal and state laws.

I understand I may be subject to random drug testing and background checks. I also understand this application is for an employment-at-will position and this application is not in any way an employment contract. All information herein will be kept confidential at all times."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date