



## APPLICATION FOR EMPLOYMENT

Please print or type all information except signature.

**Non-Discrimination Policy:** J&M Towing is committed to the principle of equal opportunity in education and employment. J&M Towing does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.

### GENERAL INFORMATION

Referral Source  Craigslist  Friend  Relative  Current Employee. If yes who \_\_\_\_\_  
 Google  Facebook  Walk-in  Other \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip

Home Telephone (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Have you ever filed an application here before?  Yes  No If yes, give approx. date \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

If yes, may we contact your employer?  Yes  No

Employment desired:  Full-Time  Part-Time  Shift Work  Temporary  Overtime

When are you available for work? \_\_\_\_\_

Are you on a lay-off and subject to recall?  Yes  No

**VEHICLES**

What type of vehicles have you used before? Check all that apply.

- |                                     |                                 |  |  |
|-------------------------------------|---------------------------------|--|--|
| <input type="checkbox"/> Flatbed    | <input type="checkbox"/> Heavy  | <input type="checkbox"/> Rotator         | <input type="checkbox"/> Lowboy Trailer  |
| <input type="checkbox"/> Wheel Lift | <input type="checkbox"/> Medium | <input type="checkbox"/> Landoll Trailer | <input type="checkbox"/> Rolloff Trailer |

**DRIVER'S LICENSE (Only for positions which require driving)**

Do you have a driver's license?     Yes     No

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_     Operator     Commercial (CDL)

Expiration date \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Have you had any accidents during the past ten years?  Yes     No    How many? \_\_\_\_\_

Have you had any moving violations during the past ten years  Yes  No    How many? \_\_\_\_\_

**MEDICAL CARD**

Do you have a valid medical card?     Yes     No

**Please provide a copy.**

**OTHER SPECIAL SKILLS**

Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc.


**WORK EXPERIENCE**

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary. Exclude organization names which indicate race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability.

<b>Most Recent Employer</b>	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	
<b>Employer</b>	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

<b>Employer</b>	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

<b>Employer</b>	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

**REFERENCES**

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone (____) _____	Telephone (____) _____

**WAIVERS AND DISCLOSURES**

Please read each section carefully and sign where indicated.

**AT-WILL EMPLOYMENT**

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired; my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. Personal calls/texts and any non-work related cellphone use while working are grounds for dismissal. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

**CERTIFICATION OF TRUTH AND ACCURACY**

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

**NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION**

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I may also be required to undergo a pre-employment or post-employment medical exam by J&M Towing designated health practitioner.

**NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION**

I understand that I may be subject to a background check, and hereby authorize J&M Towing, to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

**PRINT NAME HERE:** \_\_\_\_\_

**PLEASE SIGN HERE:** \_\_\_\_\_ **Date** \_\_\_\_\_