AMERICAN TOWING 6753 CAMINO MAQUILADORA SAN DIEGO CA 92154

APPLICATION FOR EMPLOYMENT

(619) 427-7530 FAX - (619) 425-5973 www.americantowing.net

PERSONAL INFORMATI	ON:				
NAME:					
-	LAST	FIRST		MIDDLE	
ADDRESS:					
-	#/STREET	APT#	CITY	STATE	ZIP
CONTACT TELEPHONE:					
-	HOME			CELL	
ARE YOU OVER 25?	Y/N	SOCIAL SEC	CURITY#:	UPON REQUES	т
LEGAL INFORMATION:					
LEGAL INFORMATION.					
DO YOU HAVE LEGAL R	IGHT TO WORK IN TH	HE U.S?			
HAVE YOU EVER BEEN IF YES, PLEASE STATE TI				IOLATION, INCLUE	DING DUI?
DRIVER INFORMATION	l:				
LICENSE #:		STATE:		EXPIRES: _	
HAS YOUR LICENSE EVE	R BEEN REVOKED OF	R SUSPENDED:			
HAVE YOU EVER APPLIED WITH	H US BEFORE:	HAVE YOU BE	EEN EMPLOYE	BY US BEFORE:	
IF YES TO ABOVE QUES	TIONS, PLEASE SPECI	FY DATE AND PC	SITION HELD:		
DATE AVAILABLE TO W	ORK:	/ /			

FULL TIME/PART TIME

SHIFT DESIRED: (CIRCLE ONE)

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EMPLOYMENT HISTORY

PLEASE LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT

1				1				
EMPLOYER		DATES OF EMPLOYMENT			START WAGE:\$			
NAME:				FROM:			END WAG	E:\$
ADDRESS:				TO:				
CITY:				POSITION H	HELD:			
STATE:		ZIP:		REASON FO	R LEAVING:			
PHONE: ()			SUPERVISC	R NAME:			
EMPLOYER		DATES OF EMPLOYMENT		START WAGE:\$				
NAME:				FROM:			END WAG	E:\$
ADDRESS:				то:				<u> </u>
CITY:				POSITION I	HELD:		•	•
STATE:		ZIP:		REASON FC	R LEAVING:			
PHONE: ()			SUPERVISC	R NAME:			
		. 0./55						1
	EMP	LOYER			OF EMPLOY	/MEN I	START WAG	
NAME:				FROM:			END WAG	E:\$
ADDRESS:				TO:				
CITY:		1		POSITION HELD:				
STATE:		ZIP:		REASON FO	R LEAVING:			
PHONE: ()			SUPERVISC	R NAME:			
	FMP	LOYER		DATES	OF EMPLO	/MFNT	START WAG	GF·\$
NAME:		201211		FROM:			END WAG	
ADDRESS:				TO:				Ī
CITY:				POSITION I	HELD:			•
STATE:		ZIP:			R LEAVING:			
PHONE: ()			SUPERVISC	R NAME:			

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EDUCATION

ELEMENTARY SCHOO	L NAME:
ADDRESS:	
COURSE OF STUDY:	
YEARS COMPLETED:	DEGREE/DIPLOMA:
HIGH SCHOOL NA	AME:
ADDRESS:	
COURSE OF STUDY:	
YEARS COMPLETED:	DEGREE/DIPLOMA:
COLLEGE SCHOOL	NAME:
ADDRESS:	
COURSE OF STUDY:	
YEARS COMPLETED:	DEGREE/DIPLOMA:
DESCR	IBE ANY ADDITIONAL TRAINING OR CERTIFICATES JOB-RELATED:

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REFERENCES

NAME:	PHONE#: ()
ADDRESS:	RELATIONSHIP:
NAME:	PHONE#: ()
ADDRESS:	RELATIONSHIP:
NAME:	PHONE#: ()
IVAIVIL.	
ADDRESS:	RELATIONSHIP:
	EMERGENCY CONTACT:
NAME:	PHONE#: ()
I UNDERSTAND THAT ANY MISLEADINE EMPLOYED, WOULD BE CAUSE FOR TE INFORMATION REGARDING M LIABILITY FOR ANY DAMAGE FROM REQUIRED TO PASS A DRUG TE I UNDERSTAND AND AGREE TH	COMPLETED BY ME, AND THAT ALL ANSWERS GIVEN ARE TRUE AND CORRECT. IG OR INCORRECT STATEMENTS MAY RENDER THIS APPLICATION VOID AND IF IRMINATION. I AUTHORIZE ANY MENTIONED IN MY APPLICATION TO GIVE Y EMPLOYMENT, CHARACTER AND QUALIFICATIONS AND RELEASE ISSUING THIS INFORMATION. I FURTHER UNDERSTAND THAT I WILL BE IST AND A BACKGROUND CRIMINAL REPORT WILL BE CONDUCTED. HAT IF I AM OFFERED EMPLOYMENT, MY EMPLOYMENT IS FOR NO AY BE TERMINATED WITHOUR PRIOR NOTICE BY MYSELF OR EMPLOYER.
APPLICANT SIGNATURE	DATE