

Employee Application

CHICK'S TOWING SERVICE, INC.

1000 UNION LANDING ROAD • CINNAMINSON, NJ 08077 • (856) 662-6333
(answer all questions—please print)

In compliance with Federal/State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related condition or handicap.

Position Applied For: _____ Phone #: _____ Date: _____

Name: _____ Social Security #: _____

Address _____

Address For Past Three Years _____ How Long? _____

Do you have the legal right to work in the United States? _____ Date of Birth _____ Can you provide proof of age? _____

Have you worked for this company before? _____ Where? _____ When? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving: _____

Are you now employed? _____ If no, how long since your last employment? _____

Who referred you? _____ Rate of pay expected _____

PHYSICAL HISTORY

Do you have any physical condition which may limit your ability to perform the job applied for? _____

If yes, what can be done to accommodate your limitation? _____

Do you have any physical defects or restrictions, chronic diseases and/or mental health problems? _____

If yes, explain: _____

Are you capable of heavy manual work? _____ Are you willing to take a physical examination? _____

Have you ever filed for workman's compensation from an on-the-job injury/illness? Yes No Explain _____

Do you have any workman's compensation cases currently pending or settled? Yes No Explain _____

How much time lost from work in the past three years? _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. Applicants to drive a commercial motor vehicle* in interstate commerce shall also provide an additional seven years information on those employers for whom the applicant operated such vehicle.

(Note: List employers in reverse order starting with the most recent. Add another sheet if necessary)

EMPLOYER	DATE
NAME	FROM TO
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY Start: End:
CONTACT PERSON PHONE	REASON FOR LEAVING

EMPLOYER	DATE
NAME	FROM TO
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY Start: End:
CONTACT PERSON PHONE	REASON FOR LEAVING

EMPLOYER	DATE
NAME	FROM TO
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY Start: End:
CONTACT PERSON PHONE	REASON FOR LEAVING

EMPLOYER	DATE
NAME	FROM TO
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY Start: End:
CONTACT PERSON PHONE	REASON FOR LEAVING

ACCIDENT RECORD FOR PAST THREE YEARS OR MORE (attach sheet if more space is required) (Any and all)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT-			
NEXT PREVIOUS-			
NEXT PREVIOUS-			

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST THREE YEARS (other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
(NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS—DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

B. Has any license, permit or privilege been suspended or revoked? YES _____ NO _____

IF ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		LIST STATES LAST 5 YEARS
		FROM	TO	
LANDOLL TRAILER				
LOWBOY TRAILER				
TOWTRUCK HD				
FLATBED TRUCK				
OTHER				

SHOW ANY SPECIAL COURSES OR TRAINING THAT HAVE ENHANCED YOUR SKILLS OR ANY DRIVING AWARDS YOU HOLD: _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigation and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company, as permitted by law.

DATE _____ APPLICANTS SIGNATURE _____

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVG.	POOR	WRITTEN RECORD ON FILE
1. Application						
2. Interview						
3. Past Employment						
4. Road Test						
5. Criminal/Traffic Conviction						

SIGNATURE OF INTERVIEWING OFFICER _____