



Employment Application

Tow Distributing is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis of local, state, or federal law. Equal access to employment, services, and programs are available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____

Position Applied for: _____

Full-Time: _____ Part-Time: _____ Temporary: _____

Have you ever worked for this company? YES NO If yes, when? _____

Will you be able to meet attendance requirements? YES NO Do you have any objections to working overtime if necessary? YES NO

Can you submit proof of legal employment authorization/identity? YES NO If you are under 18, can you furnish a work permit if required? YES NO

Drivers License Number (driving is an essential job function): _____

How were you referred to us: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other Skills and Qualifications

Summarize any job-related training, skills, license, certifications, and/or other qualifications:

References

Please list three references – name, telephone number and years known (do not include relatives or employers).

Full Name: _____ Number of Years: _____

Telephone: _____

Full Name: _____ Number of Years: _____

Telephone: _____

Full Name: _____ Number of Years: _____

Telephone: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Authorization and Signature

I understand that (1) the Company's drug and alcohol policy provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that employment will be based on the successful passing of job-related physical examinations.

I understand that by signing this form, I agree that based on my driving record, I could be denied employment, or kept from being promoted. I further understand that the criteria Tow Distributing may use to determine employment eligibility is: no more than 1 moving violation in 3 years OR no more than 2 moving violations in 5 years OR no major violation such as a Careless or DUI inside of 5 years. I also realize Tow Distributing may deny me employment if they are unable to insure me due to the previously stated driving record.

I hereby authorize Tow Distributing to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions and references. This authorization includes investigating my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Tow Distributing may utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed any further.

I also hereby release from liability the potential employer and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations from providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specific length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within 3 days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature: _____ Date: _____



Release to Give Reference to Prospective Employer

In order to provide Tow Distributing Corporation with information and opinions that may be useful to the companies hiring decisions, I authorize any person, school, current or past employer, organization or entity disclosed in my resume, application or interview to provide any information regarding me, including without limitation, information divulged that may be negative or positive with respect to me. Nevertheless, pursuant to this authorization, I unconditionally release such person, school, employer, organization or entity from any and all legal liability for furnishing such information and in making such statements.

A photocopy or fax of this signed release shall have the same force as the original release signed by me and shall be valid for twelve months from the date below.

Applicant Signature: _____ Date: _____

PLEASE SEE OTHER SIDE



(MVR) Motor Vehicle Record Request Form

I hereby grant permission to my prospective employer, Tow Distributing Corporation, to obtain my motor vehicle record.

I understand that any violations on my driving record can impact my opportunity to drive any company owned vehicle and may disqualify me for employment.

Applicant Name (Printed): _____

Applicant Signature: _____

Driver License Number: _____

Date of Birth: _____