

NICK'S 1-800-222-8691

201-935-2163



Towing Service Inc.

158 East Passaic Ave. Rutherford, NJ 07070

www.NicksTowingService.net

EMPLOYMENT APPLICATION

Date _____

Please Complete this section

DATE _____ SOCIAL SECURITY NUMBER _____

NAME LAST FIRST MIDDLE _____

ADDRESS STREET _____

CITY STATE ZIP CODE _____

HOME PHONE BUSINESS PHONE _____

Please list any other names you have used (for reference checking purposes)

In case of emergency call _____
NAME PHONE

Please list any other addresses you have lived at during the past three years.

Are you over the age of 18 years? Yes No

If under 18, do you have a work permit? Yes No

Are you Legally authorized to work in the United States? Yes No

Can you provide required proof of eligibility to work? Yes No

Have you perviously been employed by this company? Yes No

If yes, From _____ to _____ In what position? _____

If you have any relatives working for this company please list them.

Name _____ Relationship _____

Positions /Type of work for which you are applying? _____

Full-Time Part-time Either

Regular Temporary Seasonal

Salary expected: _____ When can you start? _____

Complete this question only if box is checked,

Have you ever been convicted of a felony?

If so, Please explain. _____

Driver Experience and Qualifications

Complete this section **ONLY** if applying for a driver position.

Please list each state, drivers license number or permit number and expiration date of each unexpired commercial driver's license or permit issued to you.

State	CDL / Permit #	Expiration Date
State	CDL / Permit #	Expiration Date
State	CDL / Permit #	Expiration Date

Please list the types of equipment (i.e. tractor, straight truck) and extent of experience with operation of each motor vehicle.

Type of Equipment	Years of Experience
Type of Equipment	Years of Experience
Type of Equipment	Years of Experience

Please list all motor vehicle accidents in which you were involved during the last three years.

1) Date of Accident	Number of Injuries	Number of Fatalities
Description of Accident		
Did you receive a citation? If so, please explain.		

2) Date of Accident	Number of Injuries	Number of Fatalities
Description of Accident		
Did you receive a citation? If so, please explain.		

3) Date of Accident	Number of Injuries	Number of Fatalities
Description of Accident		
Did you receive a citation? If so, please explain.		

Please list all other violations of motor vehicle laws or ordinances (other than parking) for which you were convicted or forfeited bond during the last three years.

Has your license, permit, or privilege to operate a motor vehicle ever been denied, revoked or suspended? Yes No

If so, please describe the facts and circumstances. _____

Date of Birth _____

Education and Training

High School

Name: _____ Number of Years completed: _____
City / State: _____ Did you graduate? Yes No
Major Course of Study: _____

Trade or Business School

Name: _____ From: _____
City / State: _____ To: _____
Major Course of Study: _____ Number of years completed: _____
Did you graduate? Yes No Degree: _____

College

Name: _____ From: _____
City / State: _____ To: _____
Major Course of Study: _____ Number of years completed: _____
Did you graduate? Yes No Degree: _____

Additional Skills / Training / Experience

Please indicate any additional training / experience you have.

- | | | | |
|---|-------------------------------------|---|--|
| <input type="checkbox"/> Truck Repair | <input type="checkbox"/> Body Work | <input type="checkbox"/> Inspection | <input type="checkbox"/> Air Conditioning |
| <input type="checkbox"/> Trailer Repair | <input type="checkbox"/> Electrical | <input type="checkbox"/> Loading/Unloading | <input type="checkbox"/> Brakes |
| <input type="checkbox"/> Car Repair | <input type="checkbox"/> Lift Truck | <input type="checkbox"/> Shipping/Receiving | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Tank Repair | | <input type="checkbox"/> Tire Servicer | <input type="checkbox"/> Hazardous Materials |

Please list specific certifications or training you have received:

Please list additional job related skills or qualifications:

Military Experience

Did you serve in the U.S. Armed Forces? Yes No If "yes", what branch? _____

Describe any military training received relevant to the position for which you are applying.

Are you currently serving in Military Reserves? Yes No

Are you currently serving in the National Guard? Yes No

Employment Experience List most recent position first

Please list the names and addresses of all employers during the preceding ten years.

Are you currently employed, may we contact your employer? Yes No

Company: _____ From: _____ To: _____
Address _____
City _____ State: _____ Zip: _____
Name of Supervisor _____ Starting Pay _____ Final Pay _____
Reason for leaving: _____ Part Time Full Time Temp

Company: _____ From: _____ To: _____
Address _____
City _____ State: _____ Zip: _____
Name of Supervisor _____ Starting Pay _____ Final Pay _____
Reason for leaving: _____ Part Time Full Time Temp

Company: _____ From: _____ To: _____
Address _____
City _____ State: _____ Zip: _____
Name of Supervisor _____ Starting Pay _____ Final Pay _____
Reason for leaving: _____ Part Time Full Time Temp

Acknowledgements

ALL APPLICANTS - Please read the following and address any questions to a Human Resources Representative before signing. I affirm that the information provided on this application or in connection with the processing of this application (and any resume or any other accompanying documents) is true and complete to the best of my knowledge. I understand that if employed, false statements, significant omissions, or misleading information, regardless of when discovered, made on or in connection with my application and accompanying documents may result in dismissal. I authorize investigation of all statements contained in this application (and any resume or any other accompanying documents)

as may be necessary in arriving of an employment decision.

I understand that the applicant's prior employers may be contacted for the purpose of investigating the applicants background as required by -49CFR 391.23.

I authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all pertinent information and release the same from any liability resulting from providing such information.

I understand that from time to time the company may be asked to submit / release certain information, including but not limited to, my employment or application for employment. I release the company and its agents, from any liability resulting from submitting / releasing such information.

I acknowledge that the company may request, as a condition of any offer of employment that is made or for continued employment, that I undergo a medical exam or drug testing, and I consent and agree to any such exam, if required now or in the future. I understand that when drug testing is required, a satisfactory result may be a condition of employment.

I understand that federal law prohibits the employment of unauthorized aliens and requires satisfactory proof of employment authorization and identity. All persons hired must submit satisfactory proof of employment authorization and identity.

Please have necessary documents promptly available for inspection as required by law.

If employed I agree to abide by the rules and regulations of the company.

I understand that if I am employed, my employment is for no fixed period and is at will. I understand that I could be terminated at any time for any of no reason and I understand that I may quit at any time for any or no reason. This understanding can not be altered by anyone unless it is in writing and signed by the president of the company.

I understand that this application does not create an offer of employment

I understand that this company is an equal opportunity employer.

This certifies that this application was completed by me, and that all entries and information in it are true and complete to the best of my knowledge.

I have read and understand the above notice, including the at-will basis of employment.

Signature

Date