

EMPLOYMENT HISTORY

PLEASE LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT

EMPLOYER			DATES OF EMPLOYMENT			START WAGE:\$
NAME:			FROM:			END WAGE:\$
ADDRESS:			TO:			
CITY:			POSITION HELD:			
STATE:		ZIP:	REASON FOR LEAVING:			
PHONE:	()		SUPERVISOR NAME:			

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EDUCATION

ELEMENTARY SCHOOL NAME:	_____
ADDRESS:	_____
COURSE OF STUDY:	_____
YEARS COMPLETED:	_____ DEGREE/DIPLOMA: _____
HIGH SCHOOL NAME:	_____
ADDRESS:	_____
COURSE OF STUDY:	_____
YEARS COMPLETED:	_____ DEGREE/DIPLOMA: _____
COLLEGE SCHOOL NAME:	_____
ADDRESS:	_____
COURSE OF STUDY:	_____
YEARS COMPLETED:	_____ DEGREE/DIPLOMA: _____

DESCRIBE ANY ADDITIONAL TRAINING OR CERTIFICATES JOB-RELATED:

AMERICAN TOWING
6753 CAMINO MAQUILADORA
SAN DIEGO CA 92154

**APPLICATION
FOR EMPLOYMENT**

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

REFERENCES

NAME: _____	PHONE#: (_____)
ADDRESS: _____	RELATIONSHIP: _____

NAME: _____	PHONE#: (_____)
ADDRESS: _____	RELATIONSHIP: _____

NAME: _____	PHONE#: (_____)
ADDRESS: _____	RELATIONSHIP: _____

EMERGENCY CONTACT:

NAME: _____ PHONE#: (_____)

I CERTIFY THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ANSWERS GIVEN ARE TRUE AND CORRECT.

I UNDERSTAND THAT ANY MISLEADING OR INCORRECT STATEMENTS MAY RENDER THIS APPLICATION VOID AND IF EMPLOYED, WOULD BE CAUSE FOR TERMINATION. I AUTHORIZE ANY MENTIONED IN MY APPLICATION TO GIVE INFORMATION REGARDING MY EMPLOYMENT, CHARACTER AND QUALIFICATIONS AND RELEASE LIABILITY FOR ANY DAMAGE FROM ISSUING THIS INFORMATION. I FURTHER UNDERSTAND THAT I WILL BE REQUIRED TO PASS A DRUG TEST AND A BACKGROUND CRIMINAL REPORT WILL BE CONDUCTED.

I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME AND MAY BE TERMINATED WITHOUR PRIOR NOTICE BY MYSELF OR EMPLOYER.

APPLICANT SIGNATURE

DATE