AMERICAN TOWING 6753 CAMINO MAQUILADORA SAN DIEGO CA 92154 APPLICATION FOR EMPLOYMENT

PERSONAL INFO	ORMATION:
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	LAST	FIRST		MIDDLE	
ADDRESS:					
	#/STREET	APT#	CITY	STATE	ZIP
CONTACT TELEPHONE:	HOME				
	HOME			CELL	
ARE YOU OVER 25?	Y / N	SOCIAL SECURITY#:		UPON REQUES	т
LEGAL INFORMATION:					
DO YOU HAVE LEGAL R	IGHT TO WORK IN TH	E U.S?			
HAVE YOU EVER BEEN IF YES, PLEASE STATE TI				IOLATION, INCLUE	DING DUI?
DRIVER INFORMATION	1:				
DRIVER INFORMATION	I:	STATE:		EXPIRES:	
				EXPIRES:	
LICENSE #:	R BEEN REVOKED OR	SUSPENDED:	EN EMPLOYED		
LICENSE #:	R BEEN REVOKED OR	SUSPENDED: HAVE YOU BE			
LICENSE #: HAS YOUR LICENSE EVE HAVE YOU EVER APPLIED WITH	R BEEN REVOKED OR	SUSPENDED: HAVE YOU BE			
LICENSE #: HAS YOUR LICENSE EVE HAVE YOU EVER APPLIED WITH	R BEEN REVOKED OR	SUSPENDED: HAVE YOU BE			
LICENSE #: HAS YOUR LICENSE EVE HAVE YOU EVER APPLIED WITH	R BEEN REVOKED OR	SUSPENDED: HAVE YOU BE			

# APPLICATION FOR EMPLOYMENT

### EMPLOYMENT HISTORY

### PLEASE LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT

EMPLOYER		DATES OF EMPLOYN		/MENT START WAGE:\$		E:\$		
NAME:			FROM:			END WAGE:\$		
ADDRESS:			то:					
CITY:			POSITION HELD:					
STATE:		ZIP:		REASON FOR LEAVING:				
PHONE:	()			SUPERVISOR NAME:				

EMPLOYER		DATES OF EMPLOYN		YMENT START WAGE:\$		E:\$		
NAME:			FROM:			END WAGE	E:\$	
ADDRESS:			то:					
CITY:			POSITION H	HELD:		-		
STATE:		ZIP:		REASON FOR LEAVING:				
PHONE:	( )			SUPERVISOR NAME:				

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

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

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## APPLICATION FOR EMPLOYMENT

#### **EDUCATION**

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

#### REFERENCES

NAME:	PHONE#: ( )
ADDRESS:	RELATIONSHIP:

NAME:	PHONE#: ( )
ADDRESS:	RELATIONSHIP:

NAME:	PHONE#: ( )
ADDRESS:	RELATIONSHIP:

EMERGENCY CONTACT:

NAME:		PHONE#:	(	)			
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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.