



Shop- 934 West Kitty Hawk Road • Kitty Hawk, NC 27949
Mail- PO Box 2937 • Kitty Hawk, NC 27949
(252) 441-1072

Application for Employment

PERSONAL DESCRIPTION

Full Name _____ Soc. Sec. # _____

Date of Birth ___/___/___ Address _____

Phone () _____ Name of Spouse _____

In Case of Emergency, Notify _____ Phone () _____

Addresses Used in Last 3 Years _____

Physical History

Date of last Physical ___/___/___ Doctor's Name _____

Phone () _____ Address _____

List Any Physical Limitations (Diabetes, Heart Disease, Vision, Limb Impairment, etc.) _____

Experience And Qualifications

Valid D/L	State	License Number	Type	Expiration Date

Have you ever been denied a Permit, License, or Privilege to operate a motor vehicle? _____

Has your License Permit/privilege been suspended or revoked? _____ If Yes explain _____

Have you been convicted of driving under the influence of alcohol or drugs ? _____ Penalty _____

Driving Experience

Power Equipment	Type of Equipment	#Years	States Driven In
Straight Truck			
Tractor Trailer	Power Unit Trailer		
Bus	School Coach		
Other			

Accident Record (Last three Years)

Date	Nature of Accident	# Fatalities	# of Injuries	Commercial Vehicle	Personal Automobile

Traffic Convictions & Forfeitures (Last three Years)

State	Date	Charge	Penalty	Commercial Vehicle?

Employment History (10 Years) (Use Separate Sheet if Necessary)

Last Employer _____ Phone () _____

Address _____

From ___/___/___ To ___/___/___ Salary _____ Reason for Leaving _____

2nd Last Employer _____ Phone () _____

Address _____

From ___/___/___ To ___/___/___ Salary _____ Reason for Leaving _____

3rd Last Employer _____ Phone () _____

Address _____

From ___/___/___ To ___/___/___ Salary _____ Reason for Leaving _____

Are you currently employed? _____ When will you be available? _____

Do you have a full understanding of Federal Safety Requirements? _____

Are You legally eligible to work in the U.S.? _____ Are you a U.S. citizen? _____

Have you served in the U.S. Armed Forces? _____ Branch _____ Years of Service _____

Must Be Read and Signed by Applicant

I agree and understand that any misrepresentations of information given above shall be considered an act of falsification.

I agree and understand that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment is factual.

I agree and understand that if hired, I will be on a probationary period during which time I may be discharged without recourse.

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.

Signature _____ Date _____

Printed Name _____

ABC

Towing

