



Employee Application -pg 1

This form must be completed for all Applicants seeking employment for any entity or subsidiary of Choice Towing, LLC. This form must be completed in its entirety and scanned to safety to begin the screening process.

Name: _____ Date: ____/____/____
Last First MI Month Day Year

Address: _____ City _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Position Applying For: _____

Only U.S. Citizens or aliens who have legal right to work in the U.S. are eligible for employment. Can you, upon employment submit documentation verify your legal right to work in the U.S. and your identity?

_____ Yes _____ No

Have you ever been convicted of a felony?

Are you over 18 years of age?

_____ Yes _____ No

_____ Yes _____ No

EDUCATIONAL DATA

High School _____ Years Completed _____

College _____ Years Completed _____ Degree _____

Major or Course Study: _____



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Graduate School: _____ Years Completed _____ Degree _____

Major or Course Study: _____

Trade, Bus, Night, Corres: _____ Years Completed _____

Other: _____ Years Completed _____

Skills: _____ Honors Received: _____

Employer

Employer: _____ Dates Employed: _____

Address: _____

Job Title: _____ Hourly Rate / Salary (Starting/Final): _____

Immediate Supervisor: _____ Phone: _____

Work Performed: _____ Reason for Leaving: _____

Employer: _____ Dates Employed: _____

Address: _____

Job Title: _____ Hourly Rate / Salary (Starting/Final): _____

Immediate Supervisor: _____ Phone: _____

Work Performed: _____ Reason for Leaving: _____

Employer: _____ Dates Employed: _____

Address: _____

Job Title: _____ Hourly Rate / Salary (Starting/Final): _____

Immediate Supervisor: _____ Phone: _____

Work Performed: _____ Reason for Leaving: _____



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Have you ever been dismissed or forced to resign from any employment?

_____ Yes _____ No

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: _____

 Last First MI

Address: _____ City _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Do you have transportation to work?

_____ Yes _____ No

Will you work overtime if asked?

_____ Yes _____ No

Are there any hours, shifts, or days you will not work?

_____ Yes _____ No

Do you have any friends or relatives that work here?

_____ Yes _____ No

Are you employed?

_____ Yes _____ No

Are you on a layoff?

_____ Yes _____ No

Are you subject to recall?

_____ Yes _____ No

May we contact your previous employer?

_____ Yes _____ No

Please identify any exceptions and reasons for not contacting prior employers:



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CHARACTER REFERENCES

List three persons not related to you, whom you have known at least one year.

Name: _____ Phone: _____ Occupation: _____

Name: _____ Phone: _____ Occupation: _____

Name: _____ Phone: _____ Occupation: _____

(Signature of Applicant)