

# PAULSON'S TOWING, INC.

## Application for Employment

### PERSONAL INFORMATION

Please print clearly.

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER
HOME PHONE	CELL PHONE	OTHER NAMES KNOWN BY	ARE YOU AT LEAST 21 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT ADDRESS	HOW LONG?		
PREVIOUS ADDRESS	HOW LONG?		
EMAIL ADDRESS	WHO REFERRED YOU TO US?		
WHAT POSITION ARE YOU APPLYING FOR?			
ARE YOU INTERESTED IN <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	DAYS AVAILABLE M T W R F	AVAILABLE WEEKENDS <input type="checkbox"/> YES <input type="checkbox"/> NO	HOURS AVAILABLE
Why do you think you would be a good fit for this position?			
Are you able to perform the essential job functions of the position for which you are applying with reasonable accommodations? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you have the legal right to work in the U.S.? (If hired, documented proof of citizenship or legal right to work in the U.S. will be required within the first three days of employment.) <input type="checkbox"/> YES <input type="checkbox"/> NO			

### REFERENCES

List character references other than relatives and former employers.

NAME	OCCUPATION	PHONE NUMBER

### EDUCATION

List your education, including any special training and/or professional memberships.

HIGH SCHOOL - NAME, CITY, STATE	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE/UNIVERSITY - NAME, CITY, STATE	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER - NAME, CITY, STATE	
DO YOU PLAN TO CONTINUE SCHOOLING?	<input type="checkbox"/> YES <input type="checkbox"/> NO

# PAULSON'S TOWING, INC.

## Application for Employment

### SKILLS & APPLICATIONS

<input type="checkbox"/> WORD	<input type="checkbox"/> EXCEL	<input type="checkbox"/> TOW TRACK	<input type="checkbox"/> OTHER _____
Do you have a clear driving record? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If not, please list.			

### WORK HISTORY

List most recent first, including military and periods of unemployment.

COMPANY		SUPERVISOR	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS		PHONE NUMBER	
DATES EMPLOYED	JOB TITLE	REASON FOR LEAVING	
RESPONSIBILITIES			

COMPANY		SUPERVISOR	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS		PHONE NUMBER	
DATES EMPLOYED	JOB TITLE	REASON FOR LEAVING	
RESPONSIBILITIES			

COMPANY		SUPERVISOR	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS		PHONE NUMBER	
DATES EMPLOYED	JOB TITLE	REASON FOR LEAVING	
RESPONSIBILITIES			

I certify that the information on this application is true and correct. I understand that a thorough investigation of my work history will be made and that all information I have provided on this application may be verified. I authorize such investigation and the giving and receiving of any information requested and release from liability any person giving or receiving such information. I understand that falsification of misleading information discovered as a result of this investigation may prevent me from being hired or, if hired, may subject me to immediate dismissal.

I understand that pre-employment verification of my driving may be conducted and I authorize Paulson's Towing to do so.

I understand this application is not a contract of employment and in the event I am employed, I may, with or without notice, at any time voluntarily terminate my employment. I further understand that I may be terminated by Paulson's Towing at any time, for any reason, with or without notice. Any verbal statements or promises by Paulson's Towing, Inc. are hereby expressly disabowed and may not be relied upon by any employee.

APPLICANT'S SIGNATURE	DATE
-----------------------	------