

APPLICATION FOR EMPLOYMENT

Kitsap Public Services, Inc.
My Tow, Inc.
130 Tweed Lane NW
Bremerton, WA 98312

(360) 479-7500

Date of Application: _____

Position: TOW TRUCK OPERATOR

Referral Source:

Advertisement Employee Relative Walk-In

Employment Agency Other _____

Name of Source (if applicable) _____



PERSONAL INFORMATION

NAME: _____

(Last, First, Middle)

ADDRESS: _____



TELEPHONE: (Day) _____ (Night) _____

BEST TIME TO CALL: _____

MAY WE CALL YOU AT WORK? _____ Yes _____ No

If yes, work number & best time to call _____

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? _____ Yes _____ No

If yes, give date(s) _____

SSN: _____ DATE AVAILABLE FOR WORK: _____

PLEASE CHECK AS MANY AS APPLY BASED ON YOUR AVAILABILITY:

____ Days ____ Nights ____ Weekends ____ Holidays

____ Overtime ____ Split-shifts

TYPE OF EMPLOYMENT DESIRED:

____ Full-time ____ Temporary ____ Part-time ____ Seasonal

WILL YOU SUBMIT TO PRE-EMPLOYMENT AND RANDOM DRUG TESTING AS REQUIRED BY THE FEDERAL MOTORCARRIER SAFETY REGULATIONS?..... _____ Yes _____ No

Are you a U.S. Citizen?..... Yes ____ No ____

If foreign national, do you have a valid work permit? _____

Will you relocate if necessary?..... Yes ____ No ____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle, or has any license, permit or privilege been suspended or revoked? _____

If yes, when _____ for what reason? _____

Have you ever been convicted of a felony? _____

If yes, give date and nature of offense (conviction is not automatic bar to employment) _____

EDUCATION

Please list all education and/or training related to commercial driving that you have attended.

Circle highest education level completed:

8 9 10 11 12 13 14 15 16 GED

EXPERIENCE AND QUALIFICATIONS

List all states operated in during the previous three (3) years:

	STATE	LICENSE NO.	TYPE	EXPIRE DATE
DRIVERS				
LICENSE(S)				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX NO. MILES
		FROM	TO	
Straight Truck				
Tractor & Semi-Trailer				
Tractor-Two Trailers				
Other				

ACCIDENT RECORD FOR PAST 3 YEARS

(Attach sheet if more space needed)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

(Other than Parking Violations)

LOCATION	DATE	CHARGE	PENALTY

Attach Sheet if More Space is Needed

EMPLOYMENT HISTORY

(Attach extra pages if necessary)

LIST ALL EMPLOYMENT DURING THE LAST 5 YEARS (Beginning with most recent employer)

Company _____

Address _____

Phone _____ Position _____ Dates Employed From _____ To _____

Reason for Leaving _____ Rate of Pay: Starting _____ Ending _____

Supervisor's name or contact person _____

Description of Duties _____

Company _____

Address _____

Phone _____ Position _____ Dates Employed From _____ To _____

Reason for Leaving _____ Rate of Pay: Starting _____ Ending _____

Supervisor's name or contact person _____

Description of Duties _____

Company _____

Address _____

Phone _____ Position _____ Dates Employed From _____ To _____

Reason for Leaving _____ Rate of Pay: Starting _____ Ending _____

Supervisor's name or contact person _____

Description of Duties _____

DRIVING EXPERIENCE IN THE LAST 10 YEARS NOT PREVIOUSLY LISTED

Company _____

Address _____

Phone _____ Position _____ Dates Employed From _____ To _____

Reason for Leaving _____ Rate of Pay: Starting _____ Ending _____

Supervisor's name or contact person _____

Description of Duties _____

Company _____

Address _____

Phone _____ Position _____ Dates Employed From _____ To _____

Reason for Leaving _____ Rate of Pay: Starting _____ Ending _____

Supervisor's name or contact person _____

Description of Duties _____

Company _____

Address _____

Phone _____ Position _____ Dates Employed From _____ To _____

Reason for Leaving _____ Rate of Pay: Starting _____ Ending _____

Supervisor's name or contact person _____

Description of Duties _____

ADDITIONAL INFORMATION

Please give any additional information you would like us to consider when evaluating your application:

TO BE READ AND SIGNED BY APPLICANT

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, for any reason and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only sixty (60) days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

I further understand that Federal Motorcarrier Safety Regulations require potential employers to investigate my work history, and authorize him/her to perform such an investigation. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Applicant's Signature _____ Date _____