

KEITH'S TOWING, INC.

Employment Application

830 TWIN VIEW BLVD
REDDING, CA 96003
OFFICE (530) 243-1874
FAX (530) 243-5274

APPLICANT INFORMATION				<u>DATE:</u>	
This application <u>MUST</u> be handwritten and completed by the applicant <u>ONLY</u> .					
<u>NAME (Last, First, Middle):</u>		<u>SOCIAL SECURITY NO.:</u>		<u>DATE OF BIRTH (mm/dd/yyyy):</u>	
		- -		/ /	
<u>STREET ADDRESS:</u>			<u>UNIT #:</u>		<u>YEARS AT ADDRESS:</u>
<u>CITY:</u>	<u>STATE:</u>	<u>ZIP:</u>	<u>DRIVERS LICENSE NO.:</u>		<u>STATE:</u>
					()
<u>PHONE:</u>		<u>MARITAL STATUS:</u>			
() -		() MARRIED () SINGLE			
<u>POSITION APPLYING FOR:</u>		<u>DATE AVAILABLE:</u>		<u>DESIRED SALARY:</u>	
<u>HOW DID YOU HERE ABOUT POISTION?</u>			<u>REFERRED BY:</u>		
<u>ARE YOU CURRENTLY EMPLOYED?</u>		<u>IF YES, MAY WE CONTACT YOUR CURRENT EMPLOYER?</u>			
YES ☐ NO ☐		YES ☐ NO ☐ N/A ☐			
<u>HAVE YOU EVER APPLIED TO THIS COMPANY PREVIOUSLY?</u>		<u>IF YES. WHEN (Date)?</u>			
YES ☐ NO ☐		N/A ☐			
<u>ARE YOU RELATED TO ANYONE ASSOCIATED WITH THIS COMPANY?</u>		<u>IF YES, WHO?</u>		<u>RELATIONSHIP?</u>	
YES ☐ NO ☐					
SPECIFIC EXPERIENCE					
<u>HOW WILL YOU GET TO WORK REGULARLY?</u>			<u>HOW LONG HAVE YOU LIVED IN THE REDDING AREA?</u>		
			_____ YEARS _____ MONTHS		
<u>DO YOU GET ALONG WELL WITH OTHERS?</u>			<u>CAN YOU READ A MAP?</u>		
YES ☐ NO ☐			YES ☐ NO ☐		
<u>ARE YOU SELF-MOTIVATED?</u>			<u>CAN YOU SPELL?</u>		
YES ☐ NO ☐			YES ☐ NO ☐		
<u>DO YOU REQUIRE A LOT OF TIME OFF?</u>			<u>DO YOU HAVE INTEGRITY?</u>		
YES ☐ NO ☐			YES ☐ NO ☐		

DRIVER/SERVICE TECHNICIAN APPLICANTS ONLY:

<u>DO YOU REQUIRE A LOT OF SLEEP?</u>	<u>DO YOU KNOW WHAT IT MEANS TO HUSTLE?</u>
YES ☐ NO ☐ HOURS/NIGHT:	YES ☐ NO ☐
<u>ARE YOU AVAILABLE TO WORK OVERTIME?</u>	<u>ARE YOU A SAFE DRIVER?</u>
YES ☐ NO ☐	YES ☐ NO ☐

EDUCATION

<u>HIGH SCHOOL:</u>		<u>LOCATION:</u>
<u>YEARS ATTENDED:</u>	<u>DID YOU GRADUATE?</u> YES ☐ NO ☐	
<u>COLLEGE:</u>		<u>LOCATION:</u>
<u>YEARS ATTENDED:</u>	<u>DID YOU GRADUATE?</u> YES ☐ NO ☐	<u>DEGREE/CERTIFICATE EARNED:</u>
<u>OTHER:</u>		<u>LOCATION:</u>
<u>YEARS ATTENDED:</u>	<u>DID YOU GRADUATE?</u> YES ☐ NO ☐	<u>DEGREE/CERTIFICATE EARNED:</u>

PREVIOUS EMPLOYMENT

<u>COMPANY:</u>	<u>FROM (mm/yyyy):</u> /	<u>TO (mm/yyyy):</u> /
<u>ADDRESS:</u>	<u>PHONE:</u> () -	
<u>CITY, STATE, ZIP:</u>	<u>SUPERVISOR:</u>	
<u>JOB TITLE:</u>	<u>STARTING SALARY:</u> \$	<u>ENDING SALARY:</u> \$
<u>DUTIES AND RESPONSIBILITIES:</u>		
<u>MAY WE CONTACT THIS EMPLOYER FOR REFERENCE?</u> YES ☐ NO ☐	<u>REASON FOR LEAVING:</u>	
<u>COMPANY:</u>	<u>FROM (mm/yyyy):</u> /	<u>TO (mm/yyyy):</u> /
<u>ADDRESS:</u>	<u>PHONE:</u> () -	
<u>CITY, STATE, ZIP:</u>	<u>SUPERVISOR:</u>	
<u>JOB TITLE:</u>	<u>STARTING SALARY:</u> \$	<u>ENDING SALARY:</u> \$
<u>DUTIES AND RESPONSIBILITIES:</u>		
<u>MAY WE CONTACT THIS EMPLOYER FOR REFERENCE?</u> YES ☐ NO ☐	<u>REASON FOR LEAVING:</u>	

PREVIOUS EMPLOYMENT (CON'T.)		
COMPANY:	FROM (mm/yyyy): /	TO (mm/yyyy): /
ADDRESS:	PHONE: () -	
CITY, STATE, ZIP:	SUPERVISOR:	
JOB TITLE:	STARTING SALARY: \$	ENDING SALARY: \$
DUTIES AND RESPONSIBILITIES:		
MAY WE CONTACT THIS EMPLOYER FOR REFERENCE? YES ☐ NO ☐	REASON FOR LEAVING:	
DISCLAIMER AND SIGNATURE		
DID ANYONE HELP YOU COMPLETE THIS APPLICATION? YES ☐ NO ☐ IF YES, WHO?	IS THIS YOUR HANDWRITING? YES ☐ NO ☐	
I certify that my answers are true and complete to the best of my knowledge.		
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.		
SIGNATURE:	DATE: / /	

REFERENCES PLEASE LIST THREE PROFESSIONAL REFERENCES.		
FULL NAME:	RELATIONSHIP:	YEARS KNOWN:
COMPANY:	PHONE: () -	
ADDRESS:		
FULL NAME:	RELATIONSHIP:	YEARS KNOWN:
COMPANY:	PHONE: () -	
ADDRESS:		
FULL NAME:	RELATIONSHIP:	YEARS KNOWN:
COMPANY:	PHONE: () -	
ADDRESS:		