

Atlas Towing Services Inc. Employment Application

This is an "Equal Opportunity Employer"

CONTACT INFORMATION

Name: First, M, Last		
Email: 1	Date:	
Street Address:	Apt #:	
City:	State:	Zip Code:
Day Phone:	Evening Phone:	Fax:

EMPLOYMENT DESIRED

Position applying for:	Full-time work <input type="checkbox"/>	Part-time work <input type="checkbox"/>	Temp-work <input type="checkbox"/>				
Availability:							
Days:	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Hours:							
If temporary, what period of time are you applying for?					Available for weekends?		
From: _____ To: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Available for overtime?		If hired, what date can you start?			Salary desired:		
<input type="checkbox"/> Yes <input type="checkbox"/> No							

PERSONAL INFORMATION

Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?
Do you have any relatives working for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, state name and relationship:
		Name: _____ Relationship: _____
		Name: _____ Relationship: _____
Why are you applying for work at this company?		
If hired, would you have a reliable means of transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
If hired, can you present evidence of your legal right to live and work in this country <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, describe the functions that cannot be performed:		
<small>(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and to skill and agility tests.)</small>		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No



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EDUCATION, TRAINING AND EXPERIENCE

High School:		
Address:		
Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Years attended?	Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No
College:		
Address:		
Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Years attended?	Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational/Trade School:		
Address:		
Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Years attended?	Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
Many of our customers do not speak English. Do you speak, write or understand any foreign languages? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language(s)?		
Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
Answer the following questions if you are applying for a professional position:		
Are you licensed/certified for the job for which you are applying?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of license/certification:	Issuing State:	License #:
Has your license/certification ever been revoked or suspended?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, state reason(s), date of revocation or suspension, and date of reinstatement:		

EMPLOYMENT HISTORY

Employer:	Type of Business:	Dates Employed:
Address:		
Phone:	Supervisor's Name:	Rate of Pay:
Your Position and Duties:		
Reason for Leaving:		
May we contact this employer for a reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Type of Business:	Dates Employed:
Address:		
Phone:	Supervisor's Name:	Rate of Pay:
Your Position and Duties:		
Reason for Leaving:		
May we contact this employer for a reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Type of Business:	Dates Employed:
Address:		
Phone:	Supervisor's Name:	Rate of Pay:
Your Position and Duties:		
Reason for Leaving:		
May we contact this employer for a reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No



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Address:		
Phone:	Supervisor's Name:	Rate of Pay:
Your Position and Duties:		
Reason for Leaving:		
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

(Note: Attach additional page(s) if necessary.)

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, describe:

REFERENCES

List three persons not related to you who have knowledge of your performance over the last few years

First Name:	Last Name:	Relationship:
Address:		
Phone:	Years Acquainted:	Occupation:
First Name:	Last Name:	Relationship:
Address:		
Phone:	Years Acquainted:	Occupation:
First Name:	Last Name:	Relationship:
Address:		
Phone:	Years Acquainted:	Occupation:

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize this company and Employer's Guardian to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I hereby authorize this company and Employer's Guardian to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the release of all information obtained by Employer's Guardian, LLC. while performing Human Resources, Payroll, Workers' Compensation Administration, OSHA and other employer related duties for other organizations where the applicant may have applied for employment, interviewed for a job opportunity or been employed over the past five years. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Applicant's Signature

Date

* Applications are considered active for employment consideration for sixty (60) days. If you wish to be considered for any openings after sixty (60) days, please submit an updated application.

