



EMPLOYMENT APPLICATION

Petroff Towing, Inc. is an Equal Opportunity Employer. We are committed to the principle of equal opportunities for all employees and providing a work environment that is free of discrimination and harassment. Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the owner.

PLEASE PRINT

Position applied for _____			Date of Application _____		
Referral Source	Employee	Customer	Walk-In	Name of Referral _____	
<i>(circle one)</i>	Industry Contact	Other _____			
Name _____					
Address		LAST	FIRST	MIDDLE	
STREET			CITY, STATE	ZIP	SSN
DOB	/	/	Emergency Contact	Phone # _____	
Phone #	Cell #		Email _____		

BACKGROUND

PLEASE LIST ALL LICENSES ISSUED IN THE PAST 10 YEARS

Driver's License #	Issuing State	Type	Expiration Date

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

Do you currently possess a valid DOT Medical Card? _____ Are you aware of any factors that would prevent you from being able to acquire or maintain a DOT Medical Card necessary for a CDL? _____

Has your license ever been suspended or revoked? _____ If so, when? _____

Have you ever been convicted of DUI or DWI? _____ If so, when & penalty? _____

Have you ever been convicted of a crime? _____ Please explain _____

DRIVING RECORD

Power Equipment	Type of Equipment		Years of Operation
Straight Truck			
Tractor Trailer	Power Unit	Trailer	
Bus	School	Coach	
Other			

ACCIDENT RECORD (Last 5 Years)

Date	Nature of Accident	Injuries?	Commercial or Personal Vehicle

TRAFFIC CONVICTIONS & FOREITURES (Last 5 Years)

Date	State	Charge	Penalty	Commercial or Personal Vehicle

EMPLOYMENT HISTORY (10 Years – Use a Separate Sheet if Necessary)

Employer Name _____	Phone # _____
Address _____	
<small>STREET</small>	<small>CITY, STATE</small>
<small>ZIP</small>	May We Contact? _____
From ____ / ____ / ____	To ____ / ____ / ____
Starting/Ending Salary _____	
Reason for Leaving _____	

Employer Name _____	Phone # _____
Address _____	
<small>STREET</small>	<small>CITY, STATE</small>
<small>ZIP</small>	May We Contact? _____
From ____ / ____ / ____	To ____ / ____ / ____
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Employer Name _____	Phone # _____
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<small>STREET</small>	<small>CITY, STATE</small>
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From ____ / ____ / ____	To ____ / ____ / ____
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Reason for Leaving _____	

Are you currently working? _____ Authorized to work in U.S.? _____ Target Start Date _____



SIGNATURE

DATE