

**Advance Towing**

7616 Backlick Road  
Springfield, VA 22150



advancetowingsrv@gmail.com

703-499-2935

advancetowingva.com

## Application for Employment

### Personal Information

Full Name \_\_\_\_\_  
First
Middle
Last

Current Address \_\_\_\_\_  
Number & Street
City
Zip Code

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Email Address \_\_\_\_\_

Have you ever served in a US Military Branch? YES / NO If Yes, which one? \_\_\_\_\_

Have you ever been convicted of a felony? Such conviction will not automatically bar you from any employment. All circumstances will be considered. YES NO

### Desired Employment

Position Title \_\_\_\_\_ Availability Date \_\_\_\_\_

Are you employed currently? YES / NO. May we inquire of your present employer? YES / NO

Who referred you to this company? \_\_\_\_\_

### Education

School Level	Name & Location of School	Did you graduate?	Subject Studied
Grade School			
High School			
College/University			
Trade/Business/Technical			

## Driving Experience

Type of Vehicle	State(s) driven in	Dates From	Dates To

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES / NO

Has any license, permit or privilege ever been suspended or revoked? YES / NO

Have you ever been disqualified subject to Section 391.15 of the Federal Motor Carrier Safety Regulations? YES / NO

Do you hold a valid Michigan Driver's License? YES NO

Do you have a valid Commercial Driver's License (CDL)? YES / NO

Endorsements currently held (circle all) : Airbrakes Passenger School Bus HAZ-MAT

Do you have a current DOT medical card? YES NO

If Yes, what is the expiration date \_\_\_\_\_

Have you ever tested positive for a controlled substance at a place of your employment or at a business you have applied at in the last two years? YES NO

Have you ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater at a place of your employment or at a business you applied at in the last two years? YES NO

Have you ever refused a required test for drugs and/or alcohol at a place of your employment or at a business you have applied at in the last two years? YES NO

If yes, have you successfully completed the return-to-duty process? YES / NO

If yes, Documentation **MUST BE PROVIDED** before any safety sensitive transportation function is performed.

## Driving Experience (Continued)

### Accident Record for the past three (3) years

Month/Year	Accident Type	Equipment Type	Death / Injuries	State	Night/Day	Employer

### Traffic Convictions & Forfeitures for the past three (3) years (other than parking violations)

Location	Date	Charge	Penalty

## Former Employers

LIST BELOW THE LAST THREE (3) EMPLOYERS - STARTING WITH THE MOST RECENT

I. Name of Present or Last Employer \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street City State Zip

Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

Job Title \_\_\_\_\_ Weekly Salary \_\_\_\_\_

May we contact your supervisor? YES / NO

Name of Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

Description of Work \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

**Former Employers (continued)**

**II.** Name of Previous Employer \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street City State Zip

Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

Job Title \_\_\_\_\_ Weekly Salary \_\_\_\_\_

May we contact your supervisor? YES / NO

Name of Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

Description of Work \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

**III.** Name of Previous Employer \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street City State Zip

Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

Job Title \_\_\_\_\_ Weekly Salary \_\_\_\_\_

May we contact your supervisor? YES / NO

Name of Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

Description of Work \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

## References

GIVE THE NAMES OF THREE (3) PERSONS YOU ARE NOT RELATED TO, & YOU HAVE KNOWN AT LEAST ONE (1) YEAR

Full Name	Address	Phone Number	Business	Years Known

## Authorization

I, the applicant, certify that the facts contained in this application are true and completed to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

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Applicants Signature