



2060 Lincoln Hwy East
Lancaster, PA 17602
(717) 824-3271
www.alliancetowing.com

Employment Application

I understand that the information in this application will be used for employment eligibility purposes and that prior violations of the Motor Carrier Safety Regulations will also be investigated.

Signature of Applicant Date

Name: _____ email: _____ Phone: _____

Address: _____ Months Lived Here: _____

Previous Addresses: (last 3 years)	Street	City	State	Zip Code	Months
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Social Security #: _____ Date of Birth (not discriminated against due to age): _____

US Citizen? _____ If NO, do you possess a valid work permit? _____

In case of Emergency notify:
(name, address and phone) _____

Position Applied for: _____ Full-time or Part-time? _____

Have you ever worked for this company before? _____ Which location? _____

Prev Start Date: _____ Prev End Date: _____ Rate of Pay: _____ Position: _____

Reason for leaving: _____

Name of relatives in our employ: _____

Are you now employed? _____ Highest Grade Completed: _____

Who referred you? _____ Last School Attended: _____

Desired Rate of Pay: _____

Labor affiliation (show name of union and local): _____

Have you ever been bonded? _____ Name of bonding company: _____

Have you ever been refused bonding? _____ If yes, why? _____

Have you ever been convicted of any crime or felony? _____

Have you ever been known by any name other than the one on this application? _____

Date of last DOT physical examination: _____ Dr's name and address: _____
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Name: _____

Previous Employers complete with address, dates of employment and reason for leaving:

Name	Start Date	End Date	Phone	Street	City	Zip Code	Position	Reason for Leaving

List equipment you can operate (e.g. Lift Truck, Back Hoe, Skid Loader, etc):

List any courses, training or certifications you have operating Equipment:



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Name: _____

Driver's License(s) Information:	License #	State	Class	Issue Date	Exp Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

Has any license, permit or privilege ever been suspended or revoked?

If the answer to either of the above two questions was "Yes", provide details:

Driving Experience: Class = Straight Truck, Tractor & Semi-trailer, Tractor - Two Trailers, other. Type = Van, Tank, Flat, etc.

Class of Equipment	Type of Equipment	From Date (approx)	To Date (approx)	Miles (approx)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List states operated in for last 5 years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

Accident Record for the past 3 or more years (most recent first):

Date	Nature of Accident	Fatalities	Injuries
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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Name: _____

Traffic Convictions and Forfeitures for past 3 years (other than parking violations):

Date	Location	Charges	Penalties
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

To be read and signed by Applicant:

It is agreed and understood that any misrepresentations of information given above shall be an act of dishonesty and sufficient cause for dismissal. It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of their furnishing such information.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete their employee file. It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant. It is agreed and understood that if hired, the employee may be on a probationary period during which time he may be discharged without recourse. This certifies that the application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Date: _____ Applicant Signature: _____

Employer Processing Record

Applicant Hired Date: _____ Rejected: _____

Date Employed: _____ Point Employed: _____

Department: _____ Classification: _____

(If rejected, summary report of reasons should be placed in file)

This section to be filled out by responsible officer or company representative

Ratings of Candidate: 1 to 5 (Poor = 1, Superior = 5)

Circle the ratings for each item

- 1 2 3 4 5 Application
- 1 2 3 4 5 Interview
- 1 2 3 4 5 Physical Exam
- 1 2 3 4 5 Written Exam
- 1 2 3 4 5 Road Test
- 1 2 3 4 5 Police & Traffic Record

Any additional comments regarding Candidate:
