Caliber Towing & Recovery Inc.

619 Heartland Dr Sugar Grove II 60554 Ph: 630.853.8696 Fax: 855.293.2157 E: Info@calibertowing.com

Employment Application

		Applicant Inform	ation						
Full Name:			Date:						
	Last	First	M.I.						
Address:	Street Address		Apartment/Unit #						
Phone: (_	City	E-mail Addı	State ZIP Code						
Date Availab	<u>le:</u>	Social Security No.:	Desired Salary: \$						
Position Applied for: YES NO YES NO									
Are you a citizen of the United States?									
Have you ever worked for this company? YES NO If yes, when?									
Have you ever been convicted of a felony? YES NO U									
If yes, explain:									
Do you have a drivers license? Yes No									
State of issue Expiration date Operator Commercial (CDL) Chauffeur									
Have you had any accidents during the past three years? How many?									
Have you had any moving violations during the past three years? How Many?									
Education									
High School	<u>:</u>	Address:	NO						
From:	To:	Did you graduate?	Degree:						
College:		Address:							
From:	То:	YES Did you graduate?	no □ Degree:						
Other:		Address:							
From:	To:	PES Did you graduate?	NO Degree:						
References									
Please list t	hree professional re	eferences.							
Full Name: Relationship:									
Company:			Phone: ()						
Address:									
Full Name:		Relatio	nship:						
Company:			Phone: ()						
Address:									

Full Name:	Relatio	nship	p:						
Company:			Phone:	()				
Address:									
Previous Employment									
Company:			Phone	()				
Address:			Supervisor						
Job Title:	Starting Salary:	\$		Endi	ng Salary:	\$			
Responsibilities:									
From: To:	Reason for Leaving:								
May we contact your previous supervisor for	a reference?		NO						
Company:			Phone	_ ()				
Address:			Supervisor	_					
Job Title:	Starting Salary:	\$		Endi	ng Salary:	\$			
Responsibilities:									
From: To:	Reason for Leaving:								
May we contact your previous supervisor for a reference? YES NO									
Company:			Phone	()				
Address:			Supervisor						
Job Title:	Starting Salary:	\$		Endi	ng Salary:	\$			
Responsibilities:									
From: To:	Reason for Leaving:								
May we contact your previous supervisor for	a reference?		NO						
Military Service									
Branch:			From:		To:				
Rank at Discharge:	e: Type of Discharge:								
If other than honorable, explain:									
Disclaimer and Signature									
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:									