



Trucking, Towing & Service Co.

Application for Employment

DATE: _____

NAME: _____			- - - - -	
LAST	FIRST	MIDDLE	Social Security Number	

_____	_____	_____	_____
Present Address	City	State	Zip Code

- - - - -	- - - - -	Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Phone Number	Secondary Number		Referred By

Do You Have A Valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are You 18 Years Or Older? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have You Applied Before? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Are You Willing To Submit To A Background Check? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are You Willing To Submit To Drug Screenings? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Employment Desired

_____	_____	_____	Are You Employed Now? Yes <input type="checkbox"/> No <input type="checkbox"/>
Position	Date you Can Start	Salary Desired	

Do You Have Your Own Tools? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are You Available For On Call Work ? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do You Have A CDL? If Yes _____ No <input type="checkbox"/>
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Education History

	Name & Location	Years Attended	Did You Graduate?	Subject Studied
High School				
College				
Trade School				

Military History

Have You Ever Been In the Armed Forces Yes <input type="checkbox"/> No <input type="checkbox"/>	Specialty & Rank _____	Are You A Member Of The National Guard Yes <input type="checkbox"/> No <input type="checkbox"/>
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Employment History

Employment Dates	Name & Address	Position	Salary	Can We Contact?	Reason For Leaving
From:			Start	Yes <input type="checkbox"/>	
To:			End	No <input type="checkbox"/>	
From:			Start	Yes <input type="checkbox"/>	
To:			End	No <input type="checkbox"/>	
From:			Start	Yes <input type="checkbox"/>	
To:			End	No <input type="checkbox"/>	
From:			Start	Yes <input type="checkbox"/>	
To:			End	No <input type="checkbox"/>	

References

	Name	Contact Information	Years Known
1.)			
2.)			
3.)			

In Case of Emergency Notify

NAME: _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> LAST FIRST </div>	- - - - Phone Number	- - - - Secondary Number
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I Certify That All The Information Submitted By Me On This Application Is True And Complete, And I Understand That If Any False Information, Omissions, Or Misrepresentation Are Discovered, My Application May Be Rejected And If I Am Employed, My Employment May Be Terminated At Anytime.

In Consideration of My Employment, I Agree To Conform To Hook-N-Haul's Rules And Regulations; And I Agree That My Employment And Compensation Can Be Terminated With Or Without Cause And With Or Without Notice, At Anytime, At Either My Or Hook-N-Haul's Option. I Also Understand And Agree That The Terms And Conditions Of My Employment May Be Changed, With Or Without Cause, And With Or Without Notice, At Anytime by Hook-N-Haul. I Understand And Agree That No Representative Of Hook-N-Haul 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 Hook-N-Haul Representative.

_____ Date	_____ Print Name	_____ Signature
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