

# BLACK'S TOWING & STORAGE

A Division of L. A. Black Company Incorporated

## APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

### PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO	
PRESENT ADDRESS/CITY/STATE/ZIP			
PERMANENT ADDRESS/CITY/STATE/ZIP			
PHONE NO	REFERRED BY		
WHAT DAYS AND HOURS ARE YOU AVAILABLE TO WORK?			
ARE YOU AVAILABLE TO WORK OVERTIME?		DO YOU POSSESS A VALID DRIVER'S LICENSE?	

### EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

### EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, CORRESPONDENCE SCHOOL			

### FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME, ADDRESS, PHONE NUMBER OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM			
TO			
FROM			
TO			
FROM			
TO			

### AUTHORIZATION

"I certify that the facts contained in this application are true and complete 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 understand and agree that any offer for employment will not be for any specified period of time, unless it is in writing and signed by an authorized company representative.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_