## College Towing, Inc. San Luis Obispo & Grover Beach

## **Employment Application**

		Applicant	Inform	nation				
Full Name:						Date:		
Address:	Last First				M.I.			
	Street Address					Apartment/Unit #	ŧ	
	City				State	ZIP Code		
Phone:			Email					
Date Availab	le: So	cial Security No.:_						
Are you curre	ent employed?	NO 						
Are you a citizen of the United States?  YES NO  If no, are you authorized to work in the U.S.?							_	
Have you ever worked for this company?   YES NO  If yes, when?								
Have you ever been convicted of a crime or YES NO are there any pending charges against you?     If yes, explain:								
Education								
High School: Address:								
From:	To:	Did you graduate	YES	NO	Diploma::			
College:		Address	s:					
From:	То:	Did you graduate	YES	NO	Degree:			
Other:		Address	s:				*	
From:	To:	Did you graduate	YES	NO	Degree:			
A		Refe	rences	Table 1				
Please list th	nree professional referenc	es.						
					Relatio	onship:		
Company:					P	Phone:		
Address:								

				Relationship:	
Addraga:				Phone:	
Full Name:				Relationship:	
Campani					
Address:					
	Previous E	mploym	ent		
Company:				Phone:	
Addross:					
Job Title:	-				
Responsibilities: _			*		
From:			or Leaving:		
May we contact yo	our previous supervisor for a reference?	YES	NO		
_					
			**************************************		
Address:				Supervisor:	-
Job Title:					
Responsibilities: _					
From:	To:	Reason f	or Leaving:		TF 800 CT 100 CT
May we contact yo	our previous supervisor for a reference?	YES	NO		-
Company:				Di	
Address					
		<del>77</del>		Supervisor:	
Job Title:					
Responsibilities: _					
From:	To:	Reason for Leaving:_			
May we contact yo	ur previous supervisor for a reference?	YES	NO		

	Military Service						
Branch:	From:	To:					
Rank at Discharge:	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 without consequential omission of any kind. I agree that College Towing, Inc. shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers, or omissions made by me in this application. I understand that a medical examination based on the requirements of the position for which I am being considered may be required and drug testing may be included as part of the regular pre-employment physical. I also voluntarily and knowingly authorize the companies, schools, or persons named above to give any information requested regarding my former employment, character, and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify and hold harmless said companies, schools, or persons from any and all liability for any damages for issuing this information except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment which the party disclosing such facts knows to be untrue. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either my employer or myself.							
Signature:	Date	e:					