

PERSONAL INFORMATION

Name (Last Name First)		Date	
Present Address		Social Security No.	
City		State	
Permanent Address		Zip Code	
Phone No.		Referred By	

EMPLOYMENT DESIRED

Position		Date You Can Start	
Salary Desired		Are You 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

EDUCATION HISTORY

Name & Location of School	Years Attended	Did You Graduate?	Subjects Studied
Grammar School			
High School			
College / Trade, Business or Correspondence School			

GENERAL INFORMATION

Subjects of Special Study or Research Work / Special Training / Skills:

U.S. Military or Naval Service _____ Rank _____

FORMER EMPLOYERS (List below last four employers, starting with last one first)

Date (Month and Year)	Name & Address of Employer	Salary	Position	Reason for Leaving

REFERENCES

Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Known

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 also understand and agree that no representative of the company 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 company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS	CHARACTER	PERSONALITY	ABILITY
HIRED	FOR DEPT.	POSITION	WILL REPORT
SALARY / WAGES			

APPROVED: 1. _____ (Employment Manager) 2. _____ (Department Head) 3. _____ (Managing Director)

This application form is the property of Zielke Towing. The company is an Equal Opportunity Employer and complies with all applicable federal and state employment laws. Applicants are responsible for ensuring that all information provided is true and complete to the best of their knowledge.