

# EMPLOYMENT APPLICATION

Dunne's Towing, Inc.  
267-446-0865

684 Forman Road, Unit D  
Souderton, PA 18964

It is the policy of Dunne's Towing, Inc to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

## 1. APPLICANT INFORMATION

Applicant Full Name: \_\_\_\_\_  
First Middle Initial Last

Home Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Number of years at this address: \_\_\_\_\_

Best Phone Number to reach you: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

## 2. Job Position Applied for: \_\_\_\_\_

If applying for a Driver position, please submit copy of 10-year MVR.

Driver's License State, Number, Class: State \_\_\_\_\_ Lic # \_\_\_\_\_ Class \_\_\_\_\_

## 3. Availability

Are you willing to work any shift, including nights and weekends? Yes No

Are you available and willing to work overtime? Yes No

If offered employment, when would you be available to begin? \_\_\_\_\_

If hired, are you able to submit proof that you are legally eligible for employment in the United States: Yes No

## 4. Skills

List any skills that may be useful for the job you are seeking. Enter the number of years of experience using that skill and circle the number which corresponds to your ability for each particular skill (1=poor ability, 5=exceptional ability)

Skill	Years of Experience	Ability
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

5. EMPLOYMENT HISTORY

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back side of this application.

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Job Title/Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Job Title/Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Job Title/Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

6. EDUCATION AND TRAINING

\*\*College/University Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Degree Received:

\_\_\_\_\_

If no degree, what was highest grade completed? \_\_\_\_\_

\*\*High School / GED Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Received Diploma?      Yes    No

If no diploma, what was highest grade completed? \_\_\_\_\_

\*\*Other Training (graduate, technical, vocational) or Experience and Qualifications:

\_\_\_\_\_  
\_\_\_\_\_

\*\*List any languages you speak fluently (other than English):

\_\_\_\_\_

\*\*List any professional licenses or certifications you may hold.

\_\_\_\_\_

7. REFERENCES      List 2 non-relatives who would be willing to provide a reference for you.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

8. SIGNATURE

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, of if employment commences, immediate termination.

I authorize Dunne's Towing to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DUNNE'S TOWING, INC

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Reform Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtaining on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Please email completed form to [office@dunnestowing.com](mailto:office@dunnestowing.com)

or fax to 267-884-0026