

APPLICATION FOR EMPLOYMENT

Dunne's Towing

684 Forman Road Souderton, PA 18964 P: 267-446-0865

Please Return Application Via Email to: office@dunnestowing.com

Name: _____ Date of Birth: _____
 Address: _____ City: _____ St: ___ Zip: _____

Addresses for past three years:

Address: _____ City: _____ St: ___ Zip: _____
 Address: _____ City: _____ St: ___ Zip: _____
 Address: _____ City: _____ St: ___ Zip: _____

Experience and Qualifications

Driver Licenses	State	License #	Type	Exp. Date

Driving Experience

Class of Equipment	Type: (Van flatbed, wrecker, etc.)	Dates From	To	Aprox. Miles
Straight Truck				
Tractor/Semi				
Other				

Accident Report for past three years (Attach additional sheet if more space is needed)

Date	Nature of accident (Head on, rear-end, etc)	Fatalities	Injuries

Traffic Convictions and forfeitures for past three years (other than parking)

Location	Date	Charge	Penalty

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____
- B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

IF ANSWER TO EITHER A OR B IS YES PLEASE ATTACH STATEMENT GIVING DETAILS

Employment Record (Attach sheet if more space is needed)

Note: DOT requires that employment for the last three years and/or Commercial Driving Experience for the past 10 years be shown.

1) Last Employer: Name _____
Address: _____
Position Held _____ From _____ To _____ Pay _____
Reason for leaving _____

2) Second Last Employer: Name _____
Address: _____
Position Held _____ From _____ To _____ Pay _____
Reason for leaving _____

3) Third Last Employer: Name _____
Address: _____
Position Held _____ From _____ To _____ Pay _____
Reason for leaving _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was complete by me, and that all entries on it are information in it are true and complete to the best of my knowledge.

Date: _____

Applicant signature: _____