



Employment Application

Applicant Information				
Last Name	First Name	M.I.	Date	
Street Address		Apartment/Unit #		
City	State	Zip Code		
Home Phone		Cell Phone		
Social Security #	D.O.B.	Date Available		
Position Applying for				
Have you ever applied at T & D Towing before?			Yes	No
If yes when?				
Have you ever been employed by T & D Towing before?			Yes	No
If yes when?				
Have you ever been convicted of a felony?			Yes	No
If yes explain.				
Education				
High School/G.E.D.		Location		
To	From	Did you graduate?	Yes	No
College		Location		
To	From	Did you graduate?	Yes	No
Graduate		Location		
To	From	Did you graduate?	Yes	No
Trade		Location		
To	From	Did you graduate?	Yes	No
Other		Location		
To	From	Did you graduate?	Yes	No
Certifications				
Seaman's Card/ Other Coast Guard or Govt. License?			Yes	No
Endorsement(s):				
Basic STCW	Life Boatman	PIC Medical	Radar ARPA	
Medical First Aid Provider	Advanced Fire Fighting			
Bridge Resources Mgmt	TWIC	Radio GMDSS		



Previous Experience		
Company		Phone
Address		
Job Title	Supervisor	
Responsibilities		
From	To	Reason for Leaving
Company		Phone
Address		
Job Title	Supervisor	
Responsibilities		
From	To	Reason for Leaving
Company		Phone
Address		
Job Title	Supervisor	
Responsibilities		
From	To	Reason for Leaving
Company		Phone
Address		
Job Title	Supervisor	
Responsibilities		
From	To	Reason for Leaving
Company		Phone
Address		
Job Title	Supervisor	
Responsibilities		
From	To	Reason for Leaving
If currently employed, may we contact your employer?		Yes No
Have you worked anywhere else not mentioned above?		Yes No
Military Experience		
Branch	From	To
Final Rank	Type of Discharge	



References		
Please Provide the names of two people whom you have know for at least 3 years. These must not be related to you or former employers.		
Name	Relationship	Years Known
Address		Phone
Name	Relationship	Years Known
Address		Phone

I authorize you, at the time of my application for employment or during the course of employment, to obtain information from my source as to my education, experience, character, medical history, financial or credit records. I hereby certify that this application and any attachments contain no willfull or negligent misrepresentations or falsification, and that information given by me it true and complete. I understand that should an investigation disclose and such misrepresentations or falsification of my application will be rejected or, if employed by T & D Towing, LLC, cause my dismissal. By completing this application I understand this is a contingent offer of employment, subject to the successful completion of the other employment and job related qualifications that T & D Towing, LLC is entitled to consider.

Employment with T & D Towing, LLC is terminable at will by either party without cause and without notice. As an employee at will, you may voluntarily resign you employment at any time and T & D Towing, LLC may terminate you employment at any time without cause or prior notice. No one at T & D Towing, LLC is authorized to change the at will nature of the employment relationship between you and T & D Towing, LLC except the owners in a signed written agreement.

Signature

Date



Consent to Obtain Consumer Reports

Read Carefully Before Signing

1. I have read the posted "Notice to Applicants/Employees Regarding Consumer Reports" and hereby authorize the company to obtain consumer reports and/or investigate consumer reports as described.
2. I understand that I have the right to make a written request within a reasonable amount of time to receive additional detailed information about the nature and scope of any investigative report or other consumer reports that are made, including the name, address, and telephone number of the consumer reporting agency.
3. I hereby authorize any present or former employers, consumer reporting agencies, educational institutions, criminal justice agencies, department of motor vehicles, public agency, financial, institutions, or any other person or agency having knowledge of me to submit information or opinions about myself, including data received from other sources, in order that my employment qualifications may be evaluated. I hold said person and/or organizations blameless and without liability for statements or opinions made regarding my character, experience, or qualifications.

By my signature below, I acknowledge that I have read and understood all of the above statements.

Print Name

Signature

Date



Request/Consent for information from previous employer on alcohol and controlled substance testing

To be completed by prospective employee

I, (print name) _____

Social Security # _____

Hereby authorize T & D Towing, LLC to request from my previous employer(s) to release and forward information concerning my alcohol and controlled substance testing records in accordance with 49 CFR part 40.25. This authorization is for DOT regulated employers during the two years before the date of the application.

Within the past two years, have you tested positive or refused to test on any pre-employment DOT drug or alcohol test? Yes No

Applicant Signature

Date

**This section to be completed by previous employer
(DOT Drug and Alcohol Test only)**

1. Has the person named above ever tested positive for a controlled substance in the last two years? Yes No
2. Has the person named above ever had an alcohol test with a breath alcohol concentration 0.04 or greater in the last two years? Yes No
3. Has the person named above ever refused a required test for drugs or alcohol in the last two years? Yes No

If "Yes" to any of the above questions, please the SAP's (Substance Abuse Professional) name and telephone number.

Company Name: _____ Date: _____

Completed by: (print) _____

Signature: _____