



Employment Application

A.M.&O. Towing Inc. is an equal opportunity employer dedicated to a policy of nondiscrimination on any basis protected by law, including race, religion, sex, national origin, age, disability, marital or veteran status. Resumes will be accepted as a supplement to this application but not in place of it.

NOTE: You may be required to have a post-offer medical examination and/or drug screen as a condition of employment. Qualifications of employment include, but are not limited to, the following: Must be at least 18 years of age and hold a valid driver's license, ability to submit an application for a TWIC card (Transportation Worker Identification Credential), ability to work a 6-hour on/6-hour off schedule, ability to climb steep stairs, and the ability to work in all weather conditions

Personal Information	
Applicant Name:	
Street Address:	
City, State, Zip	
Previous address (If you have lived at your current address under 3 years):	
Primary Phone Number:	Alternate Phone:
How did you hear about us?	
If referred by one of our employees, give employee's name:	
Position you are seeking:	Date available to start:
Education/Military History	
Highest Level of Education:	
School Name:	
School City/State:	
Course of Study:	
Did you graduate?	
Please list any special skills, training, or licenses/certificates:	
Branch of Military:	
Active Military Status:	
Service Entry/Discharge Dates:	

Employment History	
Start with your most recent employment position, and if you had two or more distinctively different positions within the same employer, please list the positions separately.	
Job Title:	
Dates of Employment:	Start Date thru End Date
Reason for Leaving:	
Company Name:	
Company Address:	
Company Phone Number:	Supervisor's Name: (Can we contact?)
Responsibilities & Duties:	
Job Title:	
Dates of Employment:	Start Date thru End Date
Reason for Leaving:	
Company Name:	
Company Address:	
Company Phone Number:	Supervisor's Name: (Can we contact?)
Responsibilities & Duties:	
Job Title:	
Dates of Employment:	Start Date thru End Date
Reason for Leaving:	
Company Name:	
Company Address:	
Company Phone Number:	Supervisor's Name: (Can we contact?)
Responsibilities & Duties:	

Additional Information	
Have you applied to our company in the past?	
Do you have any experience in this industry?	
Do you currently hold a TWIC card?	
Do you know any of our current/past employees?	
Have you ever worked a swing shift?	
Your Signature:	Application Date:
References	
Reference Name:	Title:
Phone Number:	Relationship:
Years you have known this reference:	
Reference Name:	Title:
Phone Number:	Relationship:
Years you have known this reference:	
Reference Name:	Title:
Phone Number:	Relationship:
Years you have known this reference:	