



APPLICANT INFORMATION

Full Name: _____ Date of Birth: _____
 Address: _____
 City, State, ZIP: _____
 Phone Number: (____) - _____ Email: _____
 Driver's License Number: _____ State: _____ SSN: _____
 CDL (if applicable): Yes No

EMPLOYMENT HISTORY

Please attach a copy of your resume detailing your work experience.

REFERENCES

(Provide two professional or personal references, not related to you.)

1. Name: _____ Phone: (____) - _____ Relationship: _____
2. Name: _____ Phone: (____) - _____ Relationship: _____

REFERRAL INFORMATION

Were you referred to this position? Yes No If yes, by whom? _____

AUTHORIZATIONS & DISCLOSURES

I hereby authorize Blue Hill Towing & Recovery to conduct a **Motor Vehicle Record (MVR) check** and a **background check** as part of the employment screening process. I understand that this information will be used solely for employment purposes and will be kept confidential.

I certify that the information provided on this application is true and complete. I understand that any false statements or omissions may result in disqualification or termination of employment.

Printed Name: _____
 Signature: _____
 Date: _____

INTERNAL USE ONLY

Interview Date: _____ Initials: _____ Background Check Completed: _____ Initials: _____
 MVR Check Completed: _____ Initials: _____ Pre-Employment Drug Test Date: _____ Initials: _____