



"no hill too steep no ditch too deep"

3209 E Slaton Rd
Lubbock TX 79404-6907
(806)748-1044

511 US Highway 84
Snyder TX 79549-6902
(325)573-6300

Application for Employment

Background Information

Desired Position _____ Application Date ____ / ____ / ____

Applicant's Name _____
First Middle Last

Applicant's Address _____
Street Address City State Zip Code

Phone Number () _____ - _____ Alt Phone Number () _____ - _____

Are you 18 years of age or older? Yes No

Are you either a U.S. citizen or an alien authorized to work in the U.S.? Yes No

Do you currently have a valid Driver's License? Yes No

Driver License Number _____ State Issued _____ Class _____

Have You Ever Been Denied a License to Operate a Motor Vehicle Yes No

Has Your License Ever Been Suspended or Revoked Yes No

Have You Ever Been Convicted of Driving Under the Influence Yes No

Have You Ever Been Convicted of a Crime other than a minor traffic violation?

No Yes* Date of the Occurrence ____ / ____ / ____

Penalty You Were Assessed _____

*Answering "yes" will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by law.

Date Available to Start ____ / ____ / ____ Desired Wage \$ _____ per _____

Do you prefer Full-time Part-time Referred by _____

What Days/Times Are You Available to Work?

Sunday	<input type="checkbox"/> Yes <input type="checkbox"/> No	from _____ : _____	AM PM	to _____ : _____	AM PM
Monday	<input type="checkbox"/> Yes <input type="checkbox"/> No	from _____ : _____	AM PM	to _____ : _____	AM PM
Tuesday	<input type="checkbox"/> Yes <input type="checkbox"/> No	from _____ : _____	AM PM	to _____ : _____	AM PM
Wednesday	<input type="checkbox"/> Yes <input type="checkbox"/> No	from _____ : _____	AM PM	to _____ : _____	AM PM
Thursday	<input type="checkbox"/> Yes <input type="checkbox"/> No	from _____ : _____	AM PM	to _____ : _____	AM PM
Friday	<input type="checkbox"/> Yes <input type="checkbox"/> No	from _____ : _____	AM PM	to _____ : _____	AM PM
Saturday	<input type="checkbox"/> Yes <input type="checkbox"/> No	from _____ : _____	AM PM	to _____ : _____	AM PM

Experience starting with your most recent position and working backwards, account for all time for the preceding 3 years. You may include both full and part-time positions, military service, self-employment, fulltime education, and periods of unemployment. Additionally, you may attach your résumé to reflect this information.

Employer _____
Address _____
Street Address City State Zip Code
Phone Number () _____ - _____ May We Contact Yes No
from ____ / ____ / ____ to ____ / ____ / ____ Position _____
Responsibilities _____
Reason for Leaving _____

Employer _____
Address _____
Street Address City State Zip Code
Phone Number () _____ - _____ May We Contact Yes No
from ____ / ____ / ____ to ____ / ____ / ____ Position _____
Responsibilities _____
Reason for Leaving _____

Employer _____
Address _____
Street Address City State Zip Code
Phone Number () _____ - _____ May We Contact Yes No
from ____ / ____ / ____ to ____ / ____ / ____ Position _____
Responsibilities _____
Reason for Leaving _____

Employer _____
Address _____
Street Address City State Zip Code
Phone Number () _____ - _____ May We Contact Yes No
from ____ / ____ / ____ to ____ / ____ / ____ Position _____
Responsibilities _____
Reason for Leaving _____

Education	
High School _____	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No
Technical School _____	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No
College/University _____	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No
Other education, training or special skills:	

References	
Name _____	Relationship _____
Email _____	Phone Number () _____ - _____
Name _____	Relationship _____
Email _____	Phone Number () _____ - _____
Name _____	Relationship _____
Email _____	Phone Number () _____ - _____

Authorization and Acknowledgements	
<p>I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge. I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.</p>	
<p>Applicant's Signature _____ Date ____ / ____ / ____</p>	

We would like to thank you for your interest in becoming a part of the Lubbock Wrecker Service, Inc. team. Applications are reviewed in the order they are received and kept on file in our corporate office for (90) days. If your application is selected for further consideration our HR department will contact you to schedule an interview.

Return completed applications along with a copy of your current driver's license to: info@lubbockwrecker.com or 3209 Slaton Hwy Lubbock TX 79404

In accordance with State and Federal EEOC laws, qualified applicants are considered for all positions regardless of race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability or any other protected group status.

