Name of Applicant	

A Toe Truck Personnel System Application For Employment

Completion of this form in no way constitutes an offer of employment. The information requested is required to provide us with information necessary to consider you for the position for which you are applying.

		Date o	of Application		
PLEASE PRINT LEGIBLY	OR TYPE ALL REQUESTED IN	FORMATION			
		Social Security	Number:		
Position for which you	are applying		D	ate of Birth:	
Last Name	Prefix	First Name		Middle Name	
Street Address		City	State	Zip Code	
Contact Phone Numbe	r(s) (Include Area Code)		Contact Emai	il Address	
Alternate Phone Numb	per(s)				

CONDITIONS OF CONSIDERATION FOR EMPLOYMENT

All information contained on the application is subject to verification. If applicable, A Toe Truck may conduct background checks including, but not limited to, work references, driving records, criminal conviction records and education attainment.

You may be subjected to a criminal background investigation for some positions. If applicable, your fingerprints may be sent to state and federal law enforcement agencies (DPS and CHP). All offers of employment and continued employment may be subject to a complete review of any criminal convictions you may have. Your failure to make a full and accurate disclosure of any prior conviction(s), or to answer the questions fully and accurately, may result in immediate termination from employment or the rejection of any pending application or offer from A Toe Truck.

BACKGROUND INFORMATION (ALL APPLICANTS)

ALL QUESTIONS MUST BE ANSWERED TRUTHFULLY AND COMPLETELY. "Crime" as used in this section means any and all felonies, misdemeanors and serious driving offenses, including but not limited to driving while under the influence of intoxicating liquor ("DUI") or drugs, extreme DUI, reckless driving, aggressive driving, racing/exhibition of speed, excessive (criminal) speed, leaving the scene of an accident, driving on a suspended, revoked or refused license or any other driving offense that is a misdemeanor (i.e., possible penalty for conviction includes imprison ment or jail time). "Crime" does not include minor (civil) traffic offenses. If you are not sure how to answer these questions, please ask a member of the Human Resources Department for assistance.

"Convicted" means you have been found guilty of a crime by a court or jury, or have pleaded guilty or nolo contendere ("no contest") to a crime and have been sentenced for a crime, whether imprisoned, incarcerated, placed on probation, fined or received a suspended sentence.

**NOTE: A criminal conviction(s) may or may not constitute an automatic disqualification for employment.

Have you ever been convicted of any crime? Answer by writing "Yes" or "No"______

If you have answered "yes" to this question, please give the details of offense(s) for which convicted, date(s) of conviction(s) jurisdiction(s) (Court, city, county, state, federal, foreign, or military), and diposition(s) on the attached supplemental sheet marked "Criminal Conviction History Form"

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	Name of Ap	plicant				
Does the position you are applying for require please see attached supplemental form mark			cle as part of your	job r	esponsibilit	ies? If yes,
Can you provide verification of your eligibility	to work in t	he U.S.?		Yes	☐ No	
Are you 18 years of age or older?				Yes	☐ No	
	EDUCATIO	N AND T	RAINING			
College, University, Trade or Business	City, State (Degree/Diploma	1	Hours	Major Area of Study
Schools	campus att		Attained/Year		Earned	l l l l l l l l l l l l l l l l l l l
	campas att	aca,	recamed, rear		Larried	
Proof of your degree from an accredited Colle	ege/Universit	ty may b	e required upon	hire.		
Other Training: Name and Location of Institut	tion	Т	opic of Training		Diplor	na/Certificate
-						
					•	
List Current Licenses/Professional Registratio	ns/Certificate	es	State Receive	ed	Ex	piration Date(s)
Do you currently, or have you ever worked for lf yes, please list reason for leaving:	or A Towing C	io?	Yes	No		
Have you ever been dismissed or allowed to unsatisfactory service? If yes, describe the circumstances even if you	No					ct or

EMPLOYMENT HISTORY

List all employers for the past three years beginning with the most recent first. Account for all time employed, including self employment.

HOURS PER WEEK			
DATES WORKED	FROM (Mo/Yr)	To (Mo/Yr)	
EMP	LOYER	SALARY	OTHER
Company Name:		Starting: Ending: Per week, month, year	Position:
Address (No., Street, S	Suite No.)	Duties:	Supervisor's Name:
City, State, Zip			Reason for Leaving:
Phone Number:			
HOURS PER WEEK			
DATES WORKED	FROM (Mo/Yr)	To (Mo/Yr)	
	LOYER	SALARY	OTHER
Company Name:		Starting: Ending: Per week, month, year	Position:
Address (No., Street, S	Suite No.)	Duties:	Supervisor's Name:
City, State, Zip			Reason for Leaving:
Phone Number:			
HOURS PER WEEK			·
DATES WORKED	FROM (Mo/Yr)	To (Mo/Yr)	OTUED.
	LOYER	SALARY	OTHER
Company Name:		Starting: Ending: Per week, month, year	Position:
Address (No., Street, S	Suite No.)	Duties:	Supervisor's Name:
City, State, Zip			Reason for Leaving:
Phone Number:			

Name of Ap	oplicant
I certify that all the information provided herein is true an understand that omissions, misstatements and falsificatio any employment with A Toe Truck and may be cause for religibility lists, or dismissal from employment. In addition, any information obtained through the application process liability any employer, agency, individual or educational in job related information that will assists in the process.	ons may cause forfeiture on my part of all eligibility to rejection of this application, removal of my name from , I give A Toe Truck the right to investigate and verify s. Permission is granted and I release from any and all
My signature below certifies that I have read and unders conditions outlined in this document.	tand this application and agree to the terms and
Applicant's Signature	Date
Printed Name	

A Toe Truck is a Reasonable Accommodation Employer.

Persons with a disability may request a reasonable accommodation by contacting the Agency Human Resources Office. Requests should be made as early as possible to allow time to arrange the accommodation.

CRIMINAL CONVICTION HISTORY

If you have ever been convicted of any crime, please give the details of the offense(s) for which convicted, date(s) of conviction(s), jurisdiction(s) (court, city, county, state, federal, foreign, or military), and disposition(s). Please see page 1 for definition of "crimes"

DATE	CONVICTION	MISDEMEANOR OR FELONY	DISPOSITION	LAW ENFORCEMENT AGENCY	CITY	STATE	COUNTY	OTHER FEDERAL FOREIGN MILITARY

A Toe Truck Driver Form

I understand to operate a personally owned vehicle or fleet motor vehicle for the furtherance of business purposes, I must have an acceptable driving record and complete applicable driver training as required by Arizona Administrative Code R2-10-207(12).

I understand the Driver Protection Privacy Act of 1994, amended September 1997, prohibits the release of my Motor Vehicle Record for other than matters of motor vehicle or driver safety.

I understand I may be asked and would be responsible for providing a copy of my thirty-nine month motor vehicle record history if I do not have a current Arizona driver license.

Name (print as it appears on your driver license)	
Do you have a current valid U.S. driver license? Yes	No
State Issuing and Driver License Number	
Do you have a current valid U.S. commercial driver license?	Yes No
State Issuing and Driver License Number	
Signature	Date

PLEASE USE THIS PAGE FOR ANY ADDITIONAL INFORMATION

Name of Applicant	
Name of Applicant	

REFERENCES

List 3 Business References:		
Company Name:	Phone#:	
Contact Name:	Position:	
Company Name:	Phone#:	
Contact Name:	Position:	
Company Name:	Phone#:	
Contact Name:	Position:	
List 3 Personal References:		
Name:	Phone#:	
Relationship:		
Name:	Phone#:	
Relationship:		
Name:	Phone#:	
Relationshin:		