



# Midgard Auto Recovery

## Tow Truck Employment Application



Please mail or email completed application to:  
6050 E. 58th Ave., Unit E, Commerce City, CO 80022  
midgardautorecovery@gmail.com  
720-287-4086

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_ Email: \_\_\_\_\_  
Number Street City State Zip

How long at current address? \_\_\_\_\_ Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you under 18 years of age? \_\_\_\_\_ (If Yes, you must provide of eligibility to work) Are you a U.S. Citizen \_\_\_\_\_ (If No, you must provide of eligibility to work)

Position applied for? \_\_\_\_\_ Day/Hours available to work? Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work per week? \_\_\_\_\_ Employment desired; Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Full or Part Time \_\_\_\_\_

When are you available to start work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you been convicted of a crime which is substantially related to the functions or qualifications of the job you are applying for? \_\_\_\_\_

(Please note that a conviction will not automatically disqualify you from employment, but please be honest - you are judged on that)

If yes, please explain number of offense(s), nature of offense(s) leading to conviction(s), date of conviction(s), sentence imposed and if still on probation or parole: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Driving Positions

Do you have a driver's license? \_\_\_\_\_ Driving License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

Operator \_\_\_\_\_ Commercial Driver's License (CDL) \_\_\_\_\_ Chauffer's License \_\_\_\_\_ Expiration Date \_\_\_\_\_

How many accidents have you had in the past three years? \_\_\_\_\_ Explain: \_\_\_\_\_

How many traffic tickets have you had in the past three years? \_\_\_\_\_ Explain: \_\_\_\_\_



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### Driving Experience

Class of Equipment	Type of Equipment	Special Certifications	Dates	Approximate Number of Miles (total)
Straight Truck				
Tractor / Trailer				
Motorcoach / School Bus				
Tow Truck				
Other				
Other				

### References

Please list two (2) professional references other than relatives:

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

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Please use this space to elaborate on any background, experience, or qualifications, that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

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### Military

Have you ever been in the armed forces? \_\_\_\_\_ Are you a member of the National Guard? \_\_\_\_\_

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

### Work Experience

Please list your work experience for the **past five (5) years** beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer \_\_\_\_\_ Address of Employer \_\_\_\_\_  
Number Street City State Zip

Phone Number \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Start Date \_\_\_\_\_ Finish Date \_\_\_\_\_

Job Title \_\_\_\_\_ Pay/Salary: Start \_\_\_\_\_ Finish \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Job duties performed, skills used or learned, advancements or promotions while you work at this company: \_\_\_\_\_

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Name of Employer \_\_\_\_\_ Address of Employer \_\_\_\_\_  
Number Street City State Zip

Phone Number \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Start Date \_\_\_\_\_ Finish Date \_\_\_\_\_

Job Title \_\_\_\_\_ Pay/Salary: Start \_\_\_\_\_ Finish \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Job duties performed, skills used or learned, advancements or promotions while you work at this company: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Employer \_\_\_\_\_ Address of Employer \_\_\_\_\_  
Number Street City State Zip

Phone Number \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Start Date \_\_\_\_\_ Finish Date \_\_\_\_\_

Job Title \_\_\_\_\_ Pay/Salary: Start \_\_\_\_\_ Finish \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Job duties performed, skills used or learned, advancements or promotions while you work at this company: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact your present employer? \_\_\_\_\_ Did you complete this application by yourself? \_\_\_\_\_ (If not, who helped you) \_\_\_\_\_

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied  
Yes \_\_\_\_ No \_\_\_\_\_. If you answered No, please identify those job functions that you cannot perform. If a reasonable accommodation is required  
you to perform the job properly and safely, please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Please Read Carefully

### APPLICATION FORM WAIVER

As indication that you have read and understood each sentence, please write your initials in the spaces provided below.

**(PLEASE INITIAL EACH LINE AT IT'S GIVEN HIGHLITED SPACE / SIGNATURE AT THE END)**

In exchange for the consideration of my job application by Midgard Auto Recovery, Inc., (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment,  or to confer any right to remain an employee Midgard Auto Recovery LLC, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned,  and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company.  Both the undersigned and Midgard Auto Recovery LLC, may end the employment relationship at any time, without specified notice or reason.  If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application.  I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice.  I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature of applicant  Date:

Midgard Auto Recovery LLC, is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Midgard Auto Recovery LLC, depends solely on your qualifications.

Midgard Auto Recovery LLC, thanks you for completing this application form and for your interest in our business!