

Phone: 913-362-TOWS (8697)

Fax: 913-432-2450

Almighty Tow Service, LLC
Overland Park Impound Lot
8787 Lenexa Drive
Overland Park, Kansas 66214



Almighty Tow Service, LLC
Olathe Impound Lot
300 West Park
Olathe, Kansas 66061

Almighty Tow Job Application

Dispatch is open 24 hours a day 365 days a year.
Vehicle release hours M-F: 8:00am-5:00pm

apply online at *AlmightyJobs.com*

Personal Information

	Last	First	Middle
Present Address:	_____	_____	_____
	Street	(Apt)	City, State Zip
Previous Address One:	_____	_____	_____
	Street	(Apt)	City, State Zip
Previous Address Two:	_____	_____	_____
	Street	(Apt)	City, State Zip

Phone: _____ Cell Phone: _____ Email Address: _____

Are you 23 years or older? Yes No Have you ever been convicted of a felony? Yes No

Desired Employment

What Job are you applying for? Driver Dispatcher Mechanic Office

Other? Please specify: _____

Date you can start: _____ Income desired: _____

Do you have the legal right to work in the USA? Yes No Are you currently employed right now? Yes No If so, may we contact your employer? Yes No

Have you ever applied to this company before? Yes No When: _____

Where: _____

Have you ever applied to this company before? Yes No When: _____

Where: _____

How did you learn of this position? If you were referred, by whom? _____

Is there any reason you might be unable to perform the functions of the job for which you applied? _____

Education

	Name/Location	# Years Attended	Graduate?	Subject Studied
Grammar School:	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

High School:	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

College:	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Trade School:	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Accident Record for the Past 3 Years

	Nature of Accident	Date	Fatalities	Injuries
Accident One:	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Accident Two:	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Accident Three:	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Accident Four:	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Traffic Convictions in the Past 3 Years (Other Than Parking Tickets)

	Charge	Date	Location	Penalty
Conviction One:	_____	_____	_____	_____
Conviction Two:	_____	_____	_____	_____
Conviction Three:	_____	_____	_____	_____
Conviction Four:	_____	_____	_____	_____

Experience & Qualifications

A.) Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

B.) Has any license, permit or privilege ever been suspended or revoked? Yes No

If the answer to A or B is YES, please explain. _____

List states Operated in the last five years. _____

Driving Experience

	Class of Equipment	Dates: From/To	Approx. # of Miles (Total)
Straight Truck:	_____	_____	_____
Tractor & Semi-Trailer:	_____	_____	_____
Other:	_____	_____	_____

Driver Licenses

State	License Number	Type	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Accident Record for the Past 3 Years

List Below your last four employers, starting with the most recent.

Employer One: _____

Address: _____

Start Date: _____

Weekly Starting Salary: _____

Name of Supervisor: _____

Description of Work: _____

Reason for Leaving: _____

Employer One: _____

Address: _____

Start Date: _____

Weekly Starting Salary: _____

Name of Supervisor: _____

Description of Work: _____

Reason for Leaving: _____

Employer One: _____

Address: _____

Start Date: _____

Weekly Starting Salary: _____

Name of Supervisor: _____

Description of Work: _____

Reason for Leaving: _____

Employer One: _____

Address: _____

Start Date: _____

Weekly Starting Salary: _____

Name of Supervisor: _____

Description of Work: _____

Reason for Leaving: _____