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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REQUEST TO OBTAIN**  **MOTOR VEHICLE DRIVING RECORD** | | | | | | | | | |
| **Name of Applicant/Employee:** | | | |  | | | | | |
| **Street Address:** | |  | | | | | **Apartment#:** | |  |
| **City:** |  | | | | **State** |  | **Zip:** |  | |
|  | | | | | | | | | |
| **Company Name of Employer:** | | | | Englewood Towing & Recovery, Inc. | | | | | |
|  | | | | Englewood Truck Stop, Inc. | | | | | |
| **Street Address:** | | 7510 Jacks Lane | | | | | | | |
| **City:** | Clayton | | | | **State:** | OH | **Zip:** | 45315 | |
|  | | | | | | | | | |
| **To: Trimmer Insurance Agency:** | | | | | | | | | |
| Motor Vehicle Records may be obtained as part of the company’s evaluation of my job application/employment. The reports may be procured by Trimmer Insurance Agency and may include my driving record, an assessment of my insurability under the Company’s insurance coverage’s. By signing this disclosure, I hereby authorize the Company to procure such reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes. | | | | | | | | | |
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|  | | |  | | | | | | |
| **Signature of Applicant / Employee** | | | | | | |
| **Printed Name:** | | |  | | | | | | |
| **Driver’s License #:** | | |  | | | | | | |
| **Date:** | | |  | | | | | | |

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| englewood Truck – APPLICATION FOR EMPLOYMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | |  | | | | | | | | | Date of Birth: | | | | |  | | | | | | SS#: | |  | | | |
| Name: | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Phone: | | | | |  | | | | | | | | | | | | Cell Phone: | | | |  | | | | | | |
| Current Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Previous Address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you available to work? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Time Part Time Holidays  First Shift Second Shift Third Shift  Monday Tuesday Wednesday Thursday Friday Saturday Sunday | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you been a driver for this company before? | | | | | | | | | | | | | | | | YES  NO | | | | | | | | | | | |
| Dates: | From: | | | | |  | | | | To: | |  | | | | | Rate of Pay: | | $ | | | | | Position: | |  | |
| Reason for leaving? | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Are you now employed? | | | | | | | | | YES  NO | | | | | | If no, how long since leaving last employment? | | | | | | | | | | |  | |
| Who referred you? | | | | | | |  | | | | | | | | | | | Rate of Pay expected? | | | | |  | | | | |
| Type of position applying for: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Light Duty Towing  Heavy Duty Towing  Equipment Driver  Mechanic/Service Driver | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other: | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **COMMERCIAL DRIVER’S LICENSE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| License#: | | | |  | | | | | | Type: | | | |  | | | State: | |  | | | | | Exp. Date: | | |  |
| ENDORCEMENTS (Check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Double/Triple Trailers  Tank Vehicles  Passenger Vehicles  Hazardous Materials | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **LIST ANY ADDITIONAL LICENSE(S) HELD IN THE PAST 3 YEARS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State: |  | | | | | | | | | Number: | | | |  | | | | | | Exp. Date: | | | | |  | | |
| State |  | | | | | | | | | Number: | | | |  | | | | | | Exp. Date: | | | | |  | | |
| Have you ever tested positive or refused to test on any pre-employment Drug or Alcohol Test administered by an employer to which you have applied for, but did not obtain employment with, during the last three years?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever been convicted of a felony?  If yes, please explain in detail on a separate piece of paper. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered. | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | | | |
| Have you ever been convicted for DUI, DWI, or OVI? | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | | | |
| Do you have any health problems? | | | | | | | | | | | | | Do you take any medications? If yes, please list. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a U.S. Citizen? | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | | | |
| Are you a veteran of the U.S. Military? | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | | | |
| Do you have dependable transportation? | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | | | |

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| Can you do the following: | | |
| Get in and out of a semi-truck? | | YES  NO |
| Climb on and off trailers to chain down equipment? | | YES  NO |
| Get under the unit to perform duties, such as pulling drivelines, checking brakes and perform a visual inspection of the equipment? | | YES  NO |
| Raise and lower trailer dollies? | | YES  NO |
| Repeatedly lift and carry cargo weighing up to 70 lbs. per item? | | YES  NO |
| Sit stationary in a driver’s seat for long periods of time? | | YES  NO |
| Be on duty the maximum hours allowed by DOT? | | YES  NO |
| Can you provide proof of previous work experience? | | YES  NO |
| Is there any reason you might be unable to perform the functions of the job for which you have applied? | | YES  NO |
| If yes, please explain: |  | |
|  | | |
| Check the type of trucks and trailers you have experience driving and pulling: | | |
| Regular Van  Light Duty Tow Truck  Flat Bed  Drop Deck  Mobile Service Truck  Rollback  Heavy Duty Tow Truck  Rotator  Landoll  Lowboy  Beam  Double Drop | | |
| Please list any others: |  | |
|  | | |
| Check the type of commodities you have experience with: | | |
| LTL Freight  Cars/Trucks/4x4/AWD  Motorcycles  Steel  Reefer Products  Lumber  Heavy Equipment  Forklifts  Generators  Sand/Gravel  Petroleum  Hazardous Material  Dairy Products  Covered Loads  Household Goods | | |
| Please list any others: |  | |
|  | | |
| **COLLISIONS** | | |

Please list all motor vehicle collisions in which you were involved (both commercial and private vehicle) during the past three years prior to the application date. If none, write “None.”

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Description | State | # Injuries | Hazmat Spill |
|  |  |  |  | Yes  No |
|  |  |  |  | Yes  No |
|  |  |  |  | Yes  No |

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| --- | --- |
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| **TRAFFIC CONVICTIONS AND FORFEITURES** |

Please list all traffic convictions and/or forfeitures (both commercial and private vehicles) for the past 3 years (other than parking). If none, write “None.”

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| --- | --- | --- | --- | --- |
| Date | Description | State | # Injuries | Commercial Vehicle |
|  |  |  |  | Yes  No |
|  |  |  |  | Yes  No |
|  |  |  |  | Yes  No |

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| Out of Service violations? | Yes  No | If yes, please explain. |
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| --- | --- | --- |
| **Date of Application:** | |  |
| **APPLICATION** | | |
| **Company:** |  | |
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|  | | |
| In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status or non-job related disability. | | |
| **TO BE READ AND SIGNED BY APPLICANT** | | |
| I understand that I have the right to: | | |
| * Review information provided by previous employers. | | |
| * Have error in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer. | | |
| * Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information. | | |
| I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, financial or medical history and other related matters as may be necessary in arriving at an employment decision. Generally, inquiries regarding medical, history will be made only if and after conditional offer of employment has been extended. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.  In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge; I agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for the carrier that I will be on the probationary period during which time I may be discharged without recourse.  This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. | | |
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|  | | | | | |  | | | | | | | | | |
| **Signature of Applicant** | | | | | | | | | |
| **Printed Full Name:** | | | | |  | | | | | | |  | | | |
| **Street Address:** | | | |  | | | | | | | | | **Apartment#:** | |  |
| **City:** |  | | | | | | **State** | |  | | | | **Zip:** |  | |
| **Cell Phone:** | | |  | | | | | **Home Phone:** | | |  | | | | |
| **DOB:** | |  | | | | | | **SS#:** | |  | | | | | |
|  | | | | | | | | | | | | | | | |

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| **WORK EXPERIENCE** | | | |
| **Printed Name:** | |  |
| **SS#:** |  | |

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| education | | | | | | | | | | | | | | | | | | |
| Please check the highest grade completed: | | | | | | 1  2  3  4  5  6  7  8  9  10  11  12 | | | | | | | | | | | | |
| College Attended: | |  | | | | | | | | | | | Major: | |  | | | |
| Trade School Attended: | | | |  | | | | | | | | | Certification: | | | | |  |
| Previous Employment(Please list last 7 years of employment with most recent first. \*\*Account for all periods between jobs.) | | | | | | | | | | | | | | | | | | |
| From: |  | | | | To: | |  | | Salary / Wage: | | | | |  | | | | |
| Company: |  | | | | | | | | Phone: | | |  | | | | | | |
| Address: |  | | | | | | | | Fax: | | |  | | | | | | |
| City: |  | | | | | | | | Email: | | |  | | | | | | |
| State/Zip: |  | | | | | | |  | | | | | | | | | | |
| Supervisor Name: | |  | | | | | | | | | May we contact?  Yes  No | | | | | | | |
| Job Description: | |  | | | | | | | | | | | | | | | | |
| Reason for Leaving: | | |  | | | | | | | | | | | | | | | |
| Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? | | | | | | | | | | | | | | | | Yes  No | | |
| Was this job subject to FMCSA Regulations? | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | |
| From: |  | | | | To: | |  | | Salary / Wage: | | | | |  | | | | |
| Company: |  | | | | | | | | Phone: | | |  | | | | | | |
| Address: |  | | | | | | | | Fax: | | |  | | | | | | |
| City: |  | | | | | | | | Email: | | |  | | | | | | |
| State/Zip |  | | | | | | |  | | | | | | | | | | |
| Supervisor Name | |  | | | | | | | | | May we contact?  Yes  No | | | | | | | |
| Job Description | |  | | | | | | | | | | | | | | | | |
| Reason for Leaving: | | |  | | | | | | | | | | | | | | | |
| Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? | | | | | | | | | | | | | | | | Yes  No | | |
| Was this job subject to FMCSA Regulations? | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | |
| From: |  | | | | To: | |  | | Salary / Wage: | | | | |  | | | | |
| Company: |  | | | | | | | | Phone: | | |  | | | | | | |
| Address: |  | | | | | | | | Fax: | | |  | | | | | | |
| City: |  | | | | | | | | Email: | | |  | | | | | | |
| State/Zip |  | | | | | | |  | | | | | | | | | | |
| Supervisor Name: | |  | | | | | | | | | May we contact? Yes  No | | | | | | | |
| Job Description: | |  | | | | | | | | | | | | | | | | |
| Reason for Leaving: | | |  | | | | | | | | | | | | | | | |
| Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? | | | | | | | | | | | | | | | | Yes  No | | |
| Was this job subject to FMCSA Regulations? | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | |
| From: |  | | | | To: | |  | | Salary / Wage: | | | | |  | | | | |
| Company: |  | | | | | | | | | Phone: | |  | | | | | | |
| Address: |  | | | | | | | | | Fax: | |  | | | | | | |
| City: |  | | | | | | | | | Email: | |  | | | | | | |
| State/Zip |  | | | | | | |  | | | | | | | | | | |
| Supervisor Name | |  | | | | | | | | | May we contact? Yes  No | | | | | | | |
| Job Description | |  | | | | | | | | | | | | | | | | |
| Reason for Leaving: | | |  | | | | | | | | | | | | | | | |
| Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? | | | | | | | | | | | | | | | | | Yes  No | |
| \*Was this job subject to FMCSA Regulations? | | | | | | | | | | | | | | | | | Yes  No | |
|  | | | | | | | | | | | | | | | | | | |
| From: |  | | | | To: | |  | | Salary / Wage: | | | | |  | | | | |
| Company: |  | | | | | | | | | Phone: | |  | | | | | | |
| Address: |  | | | | | | | | | Fax: | |  | | | | | | |
| City: |  | | | | | | | | | Email: | |  | | | | | | |
| State/Zip |  | | | | | | |  | | | | | | | | | | |
| Supervisor Name | |  | | | | | | | | | May we contact? Yes  No | | | | | | | |
| Job Description | |  | | | | | | | | | | | | | | | | |
| Reason for Leaving: | | |  | | | | | | | | | | | | | | | |
| Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? | | | | | | | | | | | | | | | | | Yes  No | |
| Was this job subject to FMCSA Regulations? | | | | | | | | | | | | | | | | | Yes  No | |
|  | | | | | | | | | | | | | | | | | | |
| From: |  | | | | To: | |  | | Salary / Wage: | | | | |  | | | | |
| Company: |  | | | | | | | | | Phone: | |  | | | | | | |
| Address: |  | | | | | | | | | Fax: | |  | | | | | | |
| City: |  | | | | | | | | | Email: | |  | | | | | | |
| State/Zip |  | | | | | | |  | | | | | | | | | | |
| Supervisor Name | |  | | | | | | | | | May we contact? Yes  No | | | | | | | |
| Job Description | |  | | | | | | | | | | | | | | | | |
| Reason for Leaving | | |  | | | | | | | | | | | | | | | |
| Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? | | | | | | | | | | | | | | | | | Yes  No | |
| Was this job subject to FMCSA Regulations? | | | | | | | | | | | | | | | | | Yes  No | |

\*The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

\*\*Any gaps in employment and/or unemployment must be explained.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **SAFETY PERFORMANCE HISTORY RECORDS REQUEST**  **DRUG/ALCOHOL TESTING & ACCIDENT HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, (print name), | | | | | |  | | | | | | | | | | | |  |  | | | | |  | |  | | | |
|  | | | | | | Driver Name | | | | | | | | | | | |  | Social Security # | | | | |  | | Date of Birth | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hereby authorize my previous employer | | | | | | | | | | | | | | |  | | | | | | | | | to release and forward | | | | | |
| the information requested below concerning my alcohol and controlled substances testing and accident history records within the previous three (3) years from the date of my employment application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| which is | |  | | | | | | | | . The information should be sent to my prospective employer to the address, | | | | | | | | | | | | | | | | | | | |
| confidential fax, or confidential e-mail shown below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant’s signature: | | | | | | | |  | | | | | | | | | | | | | Date: | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART 2: TO BE COMPLETED BY PROSPECTIVE EMPLOYER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This form is being (check one): | | | | | | | | | | | | Faxed  E-Mailed  Mailed  Completed by Phone | | | | | | | | | | | | | | | | | |
| Other: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| By: |  | | | | | | | | | | | | | | | | | | | | Date: | | | |  | | | | |
| To Previous Employer: | | | | | | | | |  | | | | | | | | | | | | Phone No.: | | | |  | | | | |
| Street Address: | | | | | |  | | | | | | | | | | | | | | | Fax No.: | | | |  | | | | |
| City: |  | | | | | | | | State: | | | |  | | | Zip: | |  | | | Email: | | | |  | | | | |
| Contact Name: | | | | | |  | | | | | | | | | | | | | | | Title: | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant Name:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Social Security #:** | | | | | | |  | | | | | | | | | | | **Date of Birth:** | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please take a moment and complete the information requested in Part 3. We would appreciate your prompt response. As you are aware, after October 29,2004, failures to respond within 30 days to investigative requests for safety performance history will result in §386.12 of the Federal Motor Carrier Safety Regulations. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PLEASE SEND RESPONSES TO:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company: | | | | Englewood Truck, Towing, & Recovery | | | | | | | | | | | | | | | | | | Phone #: | | | (937) 836-5109 | | | |
| Address: | | | | 7510 Jacks Lane | | | | | | | | | | | | | | | | | | Fax #: | | | (937) 832-2486 | | | |
| City: | | | Clayton | | | | | | | | State: | | | OH | | | Zip: | | 45315 | | | Attention: | | | Ryan Cecrle | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did the above named applicant work for your company? | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | |
| If yes, please state the actual dates of employment: | | | | | | | | | | | | | | | | | | From: | |  | | | | | | To: |  | |
| Did he/she drive a motor vehicle for your company? | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | |
| If yes, please check the type(s) of vehicles operated: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Straight Truck  Tractor/Semi-Tractor  Cargo Tank  Flatbed  Doubles/Triples | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bus | | Other (please specify): | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  |