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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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| **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:** |       |
|  |       |
|  |       |
|  |
| 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): |       |
|  |  |  |