



TOWING AND SERVICE INC

APPLICATION FOR EMPLOYMENT

DATE _____

FULL NAME _____

ADDRESS _____
FIRST MIDDLE LAST

STREET CITY STATE & ZIP CODE

HOW LONG _____ DATE OF BIRTH _____

S.S.N. # _____

ADDRESS FOR PAST THREE YEARS _____
STREET CITY STATE & ZIP CODE HOW LONG

NEXT PREVIOUS _____
STREET CITY STATE & ZIP CODE HOW LONG

PHONE NUMBER(S) _____

DRIVER EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM/TO	APPROX. # OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO			
TRACTOR SEMI TRAILOR <input type="checkbox"/> YES <input type="checkbox"/> NO			
TRACTOR TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO			
OTHER (PLEASE LIST)			

ACCIDENT RECORD FOR PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD ON, REAR END, UPSET, ETC)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

1. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES NO
IF YES, PLEASE EXPLAIN _____
2. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED IN THE PAST? YES NO
IF YES, PLEASE EXPLAIN _____

EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)

NOTE: DOT Requires That Employment for at least 3 Years and/or Commercial Driving Experience for Past 10 Years Be Shown

LAST EMPLOYER NAME _____
ADDRESS _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASON FOR LEAVING _____

SECOND LAST EMPLOYER NAME _____
ADDRESS _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASON FOR LEAVING _____

THIRD LAST EMPLOYER NAME _____
ADDRESS _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASON FOR LEAVING _____

TO BE READ AND SIGNED BY APPLICANT

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.

Signature _____ Date _____

NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

I, _____, as the operator or potential operator of a company vehicle, owned by **East Beltline Towing & Service Inc**, to drive carefully at all times, to obey traffic laws and to observe all legal speed limits.

I understand that personal use of a Company vehicle will be limited to permission to drive between work and my residence only; that stopping or deviating between the work site and residence, unless for a business purpose, will revoke all permission to drive the vehicle regardless of how short such a stop may be or how trivial the deviation from usual and customary route.

I further understand the permission to use a Company vehicle is revoked at any time by the consumption of alcoholic beverages, regardless of whether under the influence of alcohol or not, and regardless of whether the use of the vehicle is for business or person purpose.

Any unauthorized use of any vehicle may cause immediate termination.

I understand that this vehicle is only to be driven by an employee of the Company and at no times are hitchhikers to be allowed to ride.

East Beltline Towing & Service Inc has the continuing right and authority to check my motor vehicle records on file with the State, either directly or through Hilb, Rogal and Hamilton Company of Grand Rapids or **East Beltline Towing & Service Inc's** insurance carrier, and each of Agent and Carrier may deliver any such records to **East Beltline Towing & Service**. My employment will always be contingent upon an acceptable motor vehicle record.

Date

Employee's Signature

Driver's License Number

Expiration Date

Class

State

Employer's Representative
East Beltline Towing & Service Inc