



## CONSENT TO BACKGROUND AND REFERENCE CHECK

Applicant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize Kidd's Towing & Recovery, Center Body & Tow, Tow All of Kansas City (the "Company") with locations at 4839 Merriam Dr, Overland Park, KS 66203; 662 S. Broadway, Salina, KS 67401; 4740 Esthner St, Wichita, KS 67209, and/or its agents, to make investigation of my background, references, character, past employment, consumer reports, education, and criminal history record information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent.

I hereby consent to the Company's verification of all the information I have provided on my application form. I also agree to execute, as a condition of employment or a condition of continued employment, any additional written authorization necessary for the Company to obtain access to and copies of records pertaining to this information. I also hereby authorize the Company's access to any medical histories or records pertaining to me (and any other individuals who due to my employment may be covered by any Company medical or other insurance program). With regard to the foregoing disclosures, I hereby agree to release any person, company or other entity from and all causes of action that otherwise might arise from supplying the Company with information it may request pursuant to this release. I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

Please Print Clearly

1. Name (Full) \_\_\_\_\_
2. Maiden Last Name \_\_\_\_\_
3. List Any Former Names Used \_\_\_\_\_
4. Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_
7. Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_
8. Telephone Number \_\_\_\_\_
9. Current Street Address  
\_\_\_\_\_
10. City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_
11. Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_
12. Name on Driver's License \_\_\_\_\_

By signing below, you are certifying that the above information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Authorization for Release of Information

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize [Company Name] and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, \_\_\_\_\_, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish [Company Name] or its designated agents with all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Employment History

All drivers applying to drive in intrastate or interstate commerce must provide the following information on employers during the **preceding three years**. List mailing address, street number, city, state and zip code.

Applicants applying to drive a **“commercial motor vehicle”** as defined by Part 383, in intrastate or interstate commerce shall also provide an additional seven years information on those employers for whom the applicant driver operated such vehicle.

(NOTE: list employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer			Date		
Name	From: Month	Year	To: Month	Year	
Address		Position Held			
City	State	Zip Code	Salary/Wages		
Contact Person			Phone Number (include area code)		

Reason for leaving

\*\*Were You Subject To The FMCSR's While Employed?  Yes  No\*\*

\*\*Was Your Job Designated As A Safety-Sensitive Function In Any DOT-Regulated Mode Subject To The Drug And Alcohol Testing Requirements Of 49 CFR Part 40?  Yes  No

Employer			Date		
Name	From: Month	Year	To: Month	Year	
Address		Position Held			
City	State	Zip Code	Salary/Wages		
Contact Person			Phone Number (include area code)		

Reason for leaving

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(ATTACH SHEET IF MORE SPACE IS NEEDED FOR EMPLOYMENT HISTORY)

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, 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 a conditional offer of employment has been extended.) I hereby release employers, 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 understand, also that I am required to abide by all rules and regulations of the company.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature



4839 Merriam Drive  
Overland Park, KS 66203

4740 Esthner St  
Wichita, KS 67209

**APPLICATION FOR EMPLOYMENT**

Notice: Substance and Alcohol Testing is required of applicant driver.

Date \_\_\_\_\_

Name \_\_\_\_\_  
(First) (Middle) (Last) (Phone)

Address \_\_\_\_\_ How Long \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Addresses for Past Three Years**

\_\_\_\_\_  
\_\_\_\_\_  
(Street) (City) (State) (Zip) Dates (From) (To)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS-DRIVERS**

Drivers License \_\_\_\_\_  
(State) (License Number) (Expiration Date)

**Traffic Convictions and Forfeitures for the past three years (Other than Parking Violations)**

\_\_\_\_\_  
\_\_\_\_\_  
(Location) (Date) (Charge) (Penalty)

Have you ever been denied a license, permit or privilege to operate a motor vehicle Yes \_\_\_\_\_ No \_\_\_\_\_  
Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If the answer is yes to either of the two previous questions, attach statement-giving details)

**DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment (Van Tank Flat Etc)	Dates From To	Approximate Number of Miles (Total)
Straight Truck	_____	_____	_____
Tractor & Semi Trailer	_____	_____	_____
Other	_____	_____	_____

**ACCIDENT RECORD FOR THE PAST THREE YEARS OR MORE**

Date	Nature of the Accident (Head-on Rear-end Upset Ect)	Fatality	Injury	Non-Injury
Last Accident	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____