

Finish Line Towing, LLC  
1125 Ellington Dr Nw.  
Conyers, Ga 30012  
678-758-8938

## DRIVER APPLICATION FORM

Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

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

Address \_\_\_\_\_

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

Phone Number (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Have you ever been convicted of a felony? o Yes o No

Start Date \_\_\_\_\_

Are you a US Citizen? o Yes o No

### TO BE READ AND SIGNED BY APPLICANT

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, 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 understand, also, that I am required to abide by all rules and regulations of the Company. "I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to: • Review information provided by current/previous employers; • Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and • 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.

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

\*Any gaps in employment and/or unemployment must be explained. \*\*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. Employment History (Use Additional Employment History Information form if necessary) All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record). You are required to list the complete mailing address: street number and name, city, state and Zip code.

### Employment

Current Or Last Employer:

Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_

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

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ (month/year) (month/year)

Supervisor Name and Title \_\_\_\_\_

Duties Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\*\* 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

Current Or Last Employer:

Name \_\_\_\_\_ Phone Number ( \_\_\_\_ ) \_\_\_\_\_

Street Address \_\_\_\_\_

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

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ (month/year) (month/year)

Supervisor Name and Title \_\_\_\_\_

Duties Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\*\* 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

## References

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Phone Number ( \_\_\_\_ ) \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Phone Number ( \_\_\_\_ ) \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Phone Number ( \_\_\_\_ ) \_\_\_\_\_

## Experience And Qualification

License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

☐ Yes ☐ No

If yes, give details \_\_\_\_\_

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

If yes, give details \_\_\_\_\_

C. Are you willing to provide a Three-year MVR? o Yes o No

D. Are you willing to Provide a DOT Physical and keep current? o Yes o No

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.

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

AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT SCREENING

Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

I am the person named above; the information above is truthful. My signature on this form grants Finish Line Towing, LLC. Permission to run a criminal background check on me. I understand that certain findings will restrict my ability to work in said positions.

I am the person named above; the information above is truthful. My signature on this form grants Finish Line Towing, LLC. Permission to run a 3 Year DMV report on me. I understand that certain findings will restrict my ability to work in said positions.

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

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