

Driver's Application For Employment

Print Form

Applicant Name _____ Date of Application _____
Company _____
Address _____
City _____ State _____ Zip Code _____

In compliance with Federal and State equal employment opportunities laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

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 personal 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 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 _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING AGENT _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Last Name _____ First Name _____ Middle _____ SSN _____

List your addresses for the past 3 years.

Current Addresses
Address _____ City _____ State _____
Zip _____ Phone _____ How Long? _____

Previous Addresses

Address _____ City _____ State _____ Zip _____ How Long? _____
Address _____ City _____ State _____ Zip _____ How Long? _____
Address _____ City _____ State _____ Zip _____ How Long? _____
Address _____ City _____ State _____ Zip _____ How Long? _____

Do you have the legal right to work in the United States? Yes No

Date of Birth _____ (Required for Commercial Drivers) Can you provide proof of age? Yes No

Have you worked for this company before? Yes No Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? Yes No If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? Yes No Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? Yes No If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]? Yes No

If yes, explain if you wish _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER		DATE	
Name _____	_____	From _____	To: _____
Address _____	_____	_____	_____
City _____ State _____ Zip _____	_____	Position Held _____	_____
Contact Person _____ Phone Number _____	_____	Salary/Wage _____	_____
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No	_____	Reason For Leaving _____	_____
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? <input type="radio"/> Yes <input type="radio"/> No			

EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____	_____	
City _____ State _____ <input type="text"/> Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No	Reason For Leaving _____		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____	_____	
City _____ State _____ <input type="text"/> Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No	Reason For Leaving _____		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____	_____	
City _____ State _____ <input type="text"/> Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No	Reason For Leaving _____		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____	_____	
City _____ State _____ <input type="text"/> Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No	Reason For Leaving _____		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

*Includes vehicles having GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in the quantity requiring placarding.

^The Federal Motor Carrier Safety Regulations (FMCSRs) 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 more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD for past 3 years or more (attach sheet if more space is required). If non, write **none**.

Dates	Nature of Accident (Head-on, Rear-End, Upset, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident _____	_____	_____	_____	_____
Next Previous _____	_____	_____	_____	_____
Next Previous _____	_____	_____	_____	_____




TRAFFIC CONVICTIONS and forfeitures for the past 3 years (other than parking violations). If none, write **none**.

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach sheet if more space is required)

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years





	State	Licence Number	Type	Expiration Date
DRIVER		_____	_____	_____
LICENSES		_____	_____	_____
		_____	_____	_____

A. Have you ever been denied a licens, permit or privilege to operate a motor vehicle? Yes No

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

IF THE ANSWER IS TO EITHER A OR B IS YES, GIVE DETAILS

DRIVING EXPERIENCE check yes or no

Class of Equipment		Equipment Type	From	Dates	To	Approx. No. of Miles (Total)
Straight Truck	<input type="radio"/> Yes <input type="radio"/> No		_____	_____	_____	_____
Tractor and Semi-Trailer	<input type="radio"/> Yes <input type="radio"/> No		_____	_____	_____	_____
Tractor - Two Trailers	<input type="radio"/> Yes <input type="radio"/> No		_____	_____	_____	_____
Tractor - Three Trailers	<input type="radio"/> Yes <input type="radio"/> No		_____	_____	_____	_____
Motorcoach - School Bus	<input type="radio"/> Yes <input type="radio"/> No More than 8 passengers.	_____	_____	_____	_____	_____
Motorcoach - School Bus	<input type="radio"/> Yes <input type="radio"/> No More than 15 passengers.	_____	_____	_____	_____	_____
Other _____		_____	_____	_____	_____	_____

List states operated in for last five years: _____

Which safe driving awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

Show any tricking, transportation or other experience that may help in your work for this company

List courses and training other than shown elsewhere in the application

List special equipment or technical materials you can work with (other than already shown)

EDUCATION

Highest Grade Completed  Last School Attended & Location (city & state) _____

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: _____

Driver's Application For Employment

Jon's Towing & Recovery LLC.

940 W Liberty St Suite A

Medina Ohio 44256

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Do You Have an active No Compete with any previous Employer?

Yes Or No

If yes who is it with: _____

Applicant Signature: _____

HireRight Background Form

First Name: _____

Middle Name: _____

Last Name: _____ **Suffix:** _____

Address: _____

City: _____ **State:** _____

Zip: _____ **Phone Number:** _____

Email Address: _____

Date of Birth: _____

Social Security Number: _____

Last 4 digits of Driver License: _____ **State:** _____



Submitted By: _____ **Date:** _____

Meets Company Standards **Date:** _____

Pending / Potential Conflict **Date:** _____



DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

Disclosure

AAA East Central (the "Company") may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

I hereby authorize Company to obtain the consumer reports described above about me.

Applicant Name _____

Applicant Signature _____ Date _____

Administrative Offices: P.O. Box 25001, Santa Ana, CA 92799-5001 Headquarters: 2601 S. Figueroa, Los Angeles, CA 90007-3294

Auto Club Enterprises provides service to more than 15 million members



We're always with you.®

Jon's Towing & Recovery LLC.
"Medina County's Finest"
940 W. Liberty St. Building A
Medina, Ohio 44256
Phone: 330-461-9059
Fax: 330-624-3181
PUCO# 602938T

MEDICAL EXAMINATION REQUIREMENT AUTHORIZATION FORM

Anyone that drives a commercial motor vehicle (CMV) is required to obtain a physical examination at least every 24 months. The examination must be made by a qualified medical examiner as outlined in Section 391.43 of the Federal Motor Carrier Safety Regulations (FMCSRs), as adopted by Ohio, and must be listed on the National Registry of Certified Medical Examiners website administered by the U.S. Department of Transportation (USDOT).

Vehicles that meet the following conditions are considered a CMV and must obtain a physical examination as required by the Federal Motor Carrier Safety Administration and the Public Utilities Commission of Ohio:

- Commercial motor vehicles being operated by a For-hire Motor Carrier in either interstate or intrastate commerce. (Refer to the definition of a CMV found in 49 C.F.R. 390.5.)

Jon's Towing & Recovery LLC falls under that Code of Federal Regulations. As required for your employment, obtaining, and retaining the DOT physical card is mandatory.

Jon's Towing & Recovery LLC will pay for the initial examination for your employment when all of the following is met:

- 90 Day Employment

If for any reason, your employment with Jon's Towing & Recovery LLC is terminated voluntarily and/or involuntarily before the 90-day probationary period ends; the fee for your examination will be withheld from your final paycheck.

Employee Signature:

Date:

Manager Signature:

Date:



**REQUEST TO OBTAIN
MOTOR VEHICLE DRIVING RECORD**

Name of Applicant/Employee _____
Address: _____
City, State, Zip _____

Company Name of Employer _____ **Jon's Tawrog & Re60,..Of) LLC** _____
Address _____ **940 W Liberty St #111teA** _____
City, State, Zip _____ **Medina OH 44256** _____
330-461-9059

To: Wichert Insurance Services, Inc.

Consumer reports may be obtained as part of the company's evaluation of my job application/employment. The reports may be procured by Wichert Insurance Service, Inc. and may include my driving record, an assessment of my insurability under the Company's insurance coverages. By signing this disclosure, I hereby authorize the Company to procure Motor Vehicle Reports about me from time to time, as it deems appropriate, to evaluate my insurability.

Signed: _____
Signature of Applicant/Employee

Printed Name: _____

Driver's License # _____

Date of Birth _____

State in which Driver's License was issued _____

Please Note: MVR reports cannot be released to employers due to the Fair Credit Reporting Act. Violation of this could result in fines and/or penalties from State/Federal authorities.

Fax back to 614-837-0709