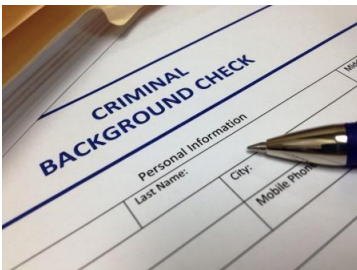


Name: _____



Driver Application For Employment

This package contains the documents necessary for FMCSA Commercial Driver qualification and compliance. Additionally, there will be company-specific paperwork necessary for employee management and FMCSA compliance.



< Notice To All Applicants >



DRIVER APPLICATION FOR EMPLOYMENT

STATEWIDE WRECKER SERVICE, INC

263 LUXOMNI ROAD

P.O.BOX 875

LILBURN, GEORGIA 30047



TO BE READ AND SIGNED BY APPLICANT

I authorize STATEWIDE WRECKER SERVICE, INC to make any investigation or inquiries of my personal, financial, and/or medical history and other related matters as may be necessary in arriving at my 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 STATEWIDE WRECKER SERVICE, INC..

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 Title 49 CFR 391.23(d) and (e). I understand 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:** _____

NAME _____ DATE OF BIRTH _____
Last Middle First

Social Security Number _____ Phone Number _____ eMail Address _____ **Training Start Date** _____

ADDRESS _____
House Number Street Name City State ZipCode Number of Years

PAST 3 YEAR _____
House Number Street Name City State ZipCode Number of Years

RESIDENCY _____
House Number Street Name City State ZipCode Number of Years

Employment History

All applicants must provide the following information on all employers during the preceding **TEN (10)** years.

COMPLETE EVERY LINE AND ANSWER EVERY QUESTION

CURRENT OR LAST EMPLOYER: NAME _____ Phone Number _____
 Street Address _____ City _____ State _____ Zip _____
 Reason For Leaving: _____
 Position Held: _____ From: ____/____/____ To: ____/____/____
 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 Title 49 CFR Part 40? YES NO
 **ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____

SECOND LAST EMPLOYER: NAME _____ Phone Number _____
 Street Address _____ City _____ State _____ Zip _____
 Reason For Leaving: _____
 Position Held: _____ From: ____/____/____ To: ____/____/____
 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 Title 49 CFR Part 40? YES NO
 **ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____

THIRD LAST EMPLOYER: NAME _____ Phone Number _____
 Street Address _____ City _____ State _____ Zip _____
 Reason For Leaving: _____
 Position Held: _____ From: ____/____/____ To: ____/____/____
 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 Title 49 CFR Part 40? YES NO
 **ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____

*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 more than 8 passengers (including the driver) and is not used to transport passengers for compensation; or (3) is designed or used to transport more than 15 passengers (including the driver); or (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Employment History, Continued

FORTH LAST EMPLOYER: NAME _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Reasons 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

*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

FIFTH LAST EMPLOYER: NAME _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Reasons 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

*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

SIXTH LAST EMPLOYER: NAME _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Reasons 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

*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

SEVENTH LAST EMPLOYER: NAME _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Reasons 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

*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

EIGHTH LAST EMPLOYER: NAME _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Reasons 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

*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

NINTH LAST EMPLOYER: NAME _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Reasons 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

*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

TENTH LAST EMPLOYER: NAME _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Reasons 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

*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

(Use Additional Employment History Information form if necessary)

EXPERIENCE AND QUALIFICATION

Attach separate page if more space is needed

Driving & Towing Experience

If NO driving experience within the last 3 years – check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle ALL that apply)	DATES			APPROXIMATE NUMBER OF MILES
		FROM	TO	OR	
Straight Truck.....	Van Reefer Tank Flat Dump	_____	_____		_____
Tractor & Semi Trailer.....	Van Reefer Tank Flat Dump	_____	_____		_____
Tractor & Semi Trailer.....	Landoll	_____	_____		_____
Tractor & Semi Trailer.....	Landoll Intermodal Container	_____	_____		_____
Tow Truck Equipment.....	Flatbed Tow Truck Less than 26,001 lbs	_____	_____		_____
	Wheel Lift Tow Truck	_____	_____		_____
	Self Loading Wheel Lift Tow Truck	_____	_____		_____
	Medium Duty Tow Truck Less Than 20 Ton	_____	_____		_____
	Heavy Duty Tow Truck Over 20 Ton	_____	_____		_____
	Motor Cycle Transport Experience	<input type="checkbox"/> YES	<input type="checkbox"/> NO	With 10 Being The Highest: Rate your skill level 1 through 10	<input style="width: 40px; height: 20px;" type="text"/>
	Intermodal Container Transport Experience	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Rate your skill level 1 through 10	<input style="width: 40px; height: 20px;" type="text"/>
	Overtuned Crash Recovery Experience	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Rate your skill level 1 through 10	<input style="width: 40px; height: 20px;" type="text"/>
	Certifications, Courses, Training	<input type="checkbox"/> WreckMaster	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

Accident History (3 Years)

If NO accidents within the last 3 years – check here

DATE (mo/yr)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIAL SPILL
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Traffic Convictions and Forfeitures

If NO traffic convictions and/or forfeitures within the last 3 years – check here

DATE CONVICTED (mo/yr)	VIOLATION (Other than violation involving parking)	STATE OF VIOLATION	PENALTY / DISPOSITION (Forfeited bond, collateral and or points)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Preliminary Criminal History

Have you ever been arrested? If yes, Explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been arrested for a felony? If yes, Explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been convicted of a felony? If yes, Explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been had a felony arrest or conviction expunged or otherwise dismissed? If yes, Explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Driver's License Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license".

I certify that I do not have more than one driver's license, the information for which is listed below:

	State	License Number	Expiration Date	Class
A.	Have you ever been denied a license or privilege to operate a motor vehicle? If YES, Give details: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
B.	Has any license, permit, or privilege ever been suspended or revoked? If YES, Give details: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO

Have you ever applied to this company for employment before? YES NO
If Yes, When? _____

Have you ever worked for this company for employment before? YES NO
If Yes, When? _____

Do you have personal transportation, owned and registered to you, that you will use as daily transportation to and from work? YES NO
If NO, describe how you intend to be transported to and from work, day to day:

List any special skills, training, certification, and / or continued education you have, that has not been listed or identified in a previous section:

A current **7 Year** MVR

(Less than 30 days old)

Must Be Included With All Applications

I have attached my 7-Year MVR

Applicant Certification & Review

This certifies that this application was completed by me, and that all entries on it and information contained in it are true and complete to the best of my knowledge.

_____ Applicant Signature	_____ Date
_____ Approved By	_____ Date
_____ Reviewed By	_____ Date