

DIT \*

*\*\*\* FAX TRANSMITTAL \*\*\**

TO: Connie  
COMPANY: Brooker Insurance  
PHONE: 1-440-238-5454  
FAX: 1-440-238-0262

FROM: Brenda McQuit  
COMPANY: Rusty's Towing Service Inc  
DATE: 1/1  
: # OF PAGES (INCLUDING COVER)

RE: Requirements for obtaining an MVR, under the Fair Credit Reporting Act. If you wish us to run an MVR, we will need to have your signature on this cover page & the applicant's signature on the application, & then have both faxed back to us. If you need a copy of ' A Summary of your Rights Under the Fair Credit Reporting Act ', to give to the applicant please let me know.

**USER CERTIFICATION OF PERMISSIBLE PURPOSE & INTENT OF USE OF CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

Rusty's Towing Service, Inc. certifies that the MVR being requested is for the purpose of evaluating the subject for employment, reassignment, promotion, or retention as an employee & will be used for no other purpose. Requestor also certifies that:

- A ) Before requesting this MVR, a clear & conspicuous written disclosure will be made to the subject of this MVR, stating that the MVR may be procured for the employment decision, &
- B ) the subject has authorized in writing the procurement of the MVR by the requestor.
- C ) Before taking any adverse action based in whole or in part on the MVR, the person intending to take this action shall provide to the subject to whom the report relates:

- 1. A copy of the report; &
- 2. A description, in writing, of the rights of this subject under the Federal Trade Commission Act.

\_\_\_\_\_  
(Date)

X  
(Applicants Signature)

**NON - CDL**

# USER CERTIFICATION OF PERMISSIBLE PURPOSE & INTENT OF USE OF CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

DATE: \_\_\_\_\_

I understand that Rusty's Towing Service, Inv., will be obtaining a Motor Vehicle Report on me in order to aid in the decision of employment.

If the information on the report is used against me, I have the right to be informed of this, & must be given the name, address & phone number of the Consumer Reporting Agency that provided the report.

At my request, I must be given a copy of the report.

I have the right to dispute inaccurate information with the Consumer Reporting Agency which provided it, & to have such inaccurate information corrected or deleted.

I understand these rights as they have been outlined, & give my consent to the obtaining of a Motor Vehicle Report.

SIGNED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_

STATE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ SINGLE \_\_\_\_\_ DIVORCED  
\_\_\_\_\_ MARRIED \_\_\_\_\_ WIDOWED

YEARS OF COMMERCIAL EXPERIENCE ( IF APPLICABLE ): \_\_\_\_\_

YEARS OF TOWING EXPERIENCE ( IF APPLICABLE ): \_\_\_\_\_

# NON CDL - DRIVERS APPLICATION FOR EMPLOYMENT

## RUSTY'S TOWING SERVICE, INC.

4845 Obetz Reese Road  
Columbus, OH 43207

Date of Application: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

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

### ADDRESSES FOR PAST THREE YEARS

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

### EXPERIENCE & QUALIFICATIONS

Drivers License: \_\_\_\_\_  
State License # Type Expiration Date

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

### DRIVING EXPERIENCE

Equipment Class	Equipment Type	Dates		Approximate Miles:
		From:	To:	

List States operated in for last 5 years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACCIDENT RECORD - FOR THE PAST 3 YEARS**

Date of Accident	Nature of Accident	Fatalities	Injuries

Have you ever tested positive for, or refused to be tested on any PRE-EMPLOYMENT drug or alcohol test administered by an employer to which you have applied for but did not obtain safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes [  ]      No [  ]      \_\_\_\_\_ (Applicants Initials)

If yes, please give Name, Address, & Phone #:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TRAFFIC CONVICTIONS**

Traffic Convictions and Forfeitures for the past 3 years (other than parking violations)

Location	Date	Charge	Penalty

**EMPLOYMENT HISTORY**

All driver applicants in interstate commerce must provide the following information on all employers during the preceding 3 years. 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. For more employers attach separate sheet.

From (Mo & Yr.): \_\_\_\_\_ To (Mo & Yr): \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

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

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Was applicant subject to Federal Motor Carrier Safety Regulations?  Yes  No

Was job designated as a Safety Sensitive Function in any DOT regulated mode subject to D & A Testing?  
 Yes  No

From (Mo & Yr.): \_\_\_\_\_ To (Mo & Yr.): \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_

Was applicant subject to Federal Motor Carrier Safety Regulations?  Yes  No

Was job designated as a Safety Sensitive Function in any DOT regulated mode subject to D & A Testing?  
 Yes  No

From (Mo & Yr.): \_\_\_\_\_ To (Mo & Yr.): \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_

Was applicant subject to Federal Motor Carrier Safety Regulations?  Yes  No

Was job designated as a Safety Sensitive Function in any DOT regulated mode subject to D & A Testing?  
 Yes  No

From (Mo & Yr.): \_\_\_\_\_ To (Mo & Yr.): \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_

Was applicant subject to Federal Motor Carrier Safety Regulations?  Yes  No

Was job designated as a Safety Sensitive Function in any DOT regulated mode subject to D & A Testing?  
 Yes  No

**EDUCATION**

Circle Highest Grade Completed:      1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Last School Attended: \_\_\_\_\_  
\_\_\_\_\_

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non job-related disability. This certifies that this application was completed by me, and that all entries on it and information given, are true and complete to the best of my knowledge.

\_\_\_\_\_  
( Date )

X  
\_\_\_\_\_  
( Applicants Signature )

\_\_\_\_\_  
( Applicants Printed Name )



4845 OBETZ- REESE ROAD COLUMBUS, OHIO 43207  
(614) 491 - 6288 FAX (614) 491-3511

TO: \_\_\_\_\_ DATE: \_\_\_\_\_  
( PREVIOUS EMPLOYER )

NAME OF APPLICANT: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

JOB TITLE OR DESCRIPTION: \_\_\_\_\_

1. Your company's general area of operation / # of states: \_\_\_\_\_
2. If a driver, what type of equipment did he/she operate ?

_____ TRACTOR	_____ LARGE WRECKER	_____ OTHER: _____
_____ SMALL WRECKER	_____ ROLL BACK	_____
_____ LANDOLL	_____ DETACH	_____

3. Total number of accidents: \_\_\_\_\_ If yes, Please explain: \_\_\_\_\_  
\_\_\_\_\_

4. Traffic Violations: \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, Please give dates and explain each violation: \_\_\_\_\_

5. License Suspension: \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, Please give dates: \_\_\_\_\_

6. Was his/her conduct satisfactory: \_\_\_\_\_ YES \_\_\_\_\_ NO

If no, Please explain: \_\_\_\_\_  
\_\_\_\_\_

7. For what reason did he/she leave your company?

\_\_\_\_\_ LAID OFF      \_\_\_\_\_ RESIGNED      \_\_\_\_\_ DISCHARGED

8. Is he/she eligible for rehire:

\_\_\_\_\_ YES      \_\_\_\_\_ NO

**PAST DRUG & ALCOHOL TEST RESULTS ( WHERE APPLICABLE )**

1. Has this person had an alcohol test with the confirmed breath alcohol concentration of 0.04 or greater in the past 3 years?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

2. Has this person tested positive in the past 3 years for a controlled substance?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

3. Has this person refused a controlled substance test and/or alcohol test within the past 3 years?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

4. Has this person violated other DOT drug and/or alcohol regulations?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

5. Have you received information from a previous employer that this person violated DOT drug and alcohol regulations?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

COMPLETED BY:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

~~~~~

**\*\* APPLICANT PLEASE SIGN IN WAIVER BOX BELOW - THANK YOU \*\***

As a former employee of your company, I authorize you to release all requested information concerning employment, drug & alcohol history, & conduct, including oral assessments of my job performance & fitness, to each & every company or their authorized agents which may request such information in connection with my application for employment with the said company. I hereby release you from any/all liability of any type as a result of providing the information requested from Rusty's Towing Services Inc.

I understand that I have the right to review information provided by previous employers, have any errors corrected by previous employers and resubmitted to Rusty's Towing. I understand that I must request past employer information obtained by Rusty's Towing in writing within 30 days of my application.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE



# ACXIOM

## PRE-EMPLOYMENT INQUIRY RELEASE

In connection with, and for the duration of my employment ( including contract for services ) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. These reports will include information as to my character, work habits, performance and experience along with reason for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies. This also may be used to request workers compensation records.

I authorize, without reservation, any party or agency contracted by this employer to furnish the above mentioned information:

PRINT FULL NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CYRRENT ADDRESS: \_\_\_\_\_

STREET

CITY

STATE

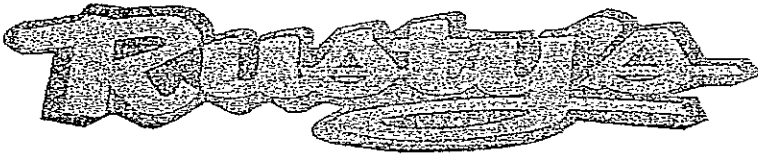
ZIP

STATE: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

*\*\* PROSPECTIVE EMPLOYER - Date of birth is being requested to obtain accurate retrieval of records.*



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(614) 491 - 6288 FAX (614) 491-3511

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## EMPLOYEE NON-DISCLOSURE AGREEMENT

In consideration of and as a condition to my employment and continued employment, by Rusty's Towing Service Inc., hereafter referred to as the " Company ", the undersigned hereby acknowledges and agrees that during my employment and following the termination of my employment with the Company for any reason, I will not disclose, copy, transmit, disseminate or use ( except as authorized by the Company during the course of my employment and except for any disclosure required by the law ) the Company's proprietary and confidential information, which includes and is not limited to, all organizational, strategic planning, marketing, technical, personnel, and financial information, customer lists, financial statements, trade secrets, sales information, pricing information, methods of operation, and related information and other confidential and proprietary information maintained by the Company in any format.

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SIGNATURE

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DATE

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PRINTED NAME