

# FAX TRANSMITTAL

TO:           KIM GOE            
COMPANY:           BROOKER INS            
PHONE:           440-238-5454            
FAX:           440-238-0262          

FROM:           BRENDA COBB            
COMPANY:           RUSTY'S TOWING            
PHONE:           614-491-6288            
FAX:           614-491-3511          

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 and the applicant's signature on the application, and 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.

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## USER CERTIFICATION OF PERMISSABLE 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 and will be used for no other purpose.

Requestor also certifies that:

Before requesting this MVR, a clear and conspicuous written disclosure will be made to the subject of this MVR, stating that the MVR may be procured for the employment decision and the subject has authorized in writing the procurement of the MVR by the requestor.

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

\_\_\_\_\_  
(Applicant's Signature)

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

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

I understand that Rusty's Towing Service, Inc, 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 and must be given the name, address and 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 and to have such inaccurate information corrected or deleted.

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

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

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

DRIVER 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: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

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

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

**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) (Experience 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: |  |                    |
|                 |                | FROM: |  | TO: |  |                    |
|                 |                | FROM: |  | TO: |  |                    |
|                 |                | FROM: |  | TO: |  |                    |
|                 |                | FROM: |  | TO: |  |                    |

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  \_\_\_\_\_ (Applicant's Initials)

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TRAFFIC CONVICTIONS**

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

| VIOLATIONS | 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 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

**EMPLOYMENT HISTORY cont.**

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

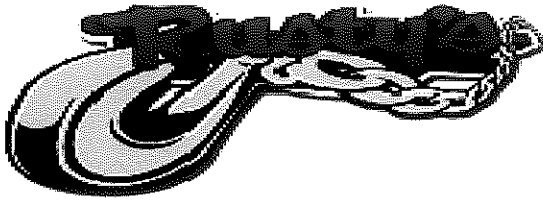
Last School Attended: \_\_\_\_\_  
\_\_\_\_\_

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  
\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Applicant's Printed Name)



4845 OBETZ REESE RD COLUMBUS, OH 43207  
PH: 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 \_\_\_\_\_ ROLLBACK \_\_\_\_\_  
\_\_\_\_\_ 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





# ACXION

## 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 compensations records.

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

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

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

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

CURRENT ADDRESS: \_\_\_\_\_

STREET

CITY

OHIO

ZIP

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

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

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

NON-CDL



4845 OBETZ REESE RD COLUMBUS, OH 43207  
PH: 614-491-6288 FAX: 614-491-3511

## 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 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 obtained by the Company in any format.

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SIGNATURE

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DATE

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PRINTED NAME

**NON-CDL**