

# FAX TRANSMITTAL

TO: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_

FROM: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_

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)



**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

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 pas 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 and alcohol history and conduct, including oral assessments of my job performance and fitness, to each and 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      \_\_\_\_\_





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.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME