

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.

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

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

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 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.

SIGNATURE

DATE

PRINTED NAME

NON-CDL