

Suburban Towing Inc

1006 Industrial Blvd. Louisville, KY 40219 Phone 502-964-6500

APPLICATION FOR EMPLOYMENT

Suburban Towing Inc. is an equal opportunity employer.

PERSONAL INFORMATION

Please legibly print all information

Date _____ / _____ / _____

Name _____
Last First Middle Initial

Give a complete record of all address (es) you have maintained for the past three years. (Attach an extra sheet if necessary.)

Present Address:

No Street City State Zip Code

Next Prior address:

No Street City State Zip Code

Next Prior address:

No Street City State Zip Code

Home Phone # _____ / _____ / _____ Cellular Phone# _____ / _____ / _____

Social Security Number _____ / _____ / _____

Are you eligible to work in the United States? Yes ___ No ___ Are you at least 18 yrs of age Yes ___ No ___

Have you ever applied or have been interviewed by Suburban Towing Yes ___ No ___ If Yes When _____

Referred by: _____ (friend, Newspaper Ad, Website, etc.)

In Case of Emergency, Notify: _____ Name Phone# _____

WORK PREFERENCES

Answer only the questions that applies to you and the position for which you are applying.

What type of position are you seeking? _____ Full-Time _____ Part-time _____

What date are you available for Employment? _____

If offered a position, are you willing to undergo a physical exam and/or drug screening? Yes ___ No ___

SKILLS

Please list any other special training, skills and experiences which will help you with our company. List all equipment and/or office equipment you can operate: _____

Typing Yes ___ No ___ (If Yes, WPM: ___)

Other: _____

Briefly describe why you want to work for our company: _____

EDUCATION					
	Name	State	Years complete	Major	Diploma/Degree
High School			1 2 3 4		
College			1 2 3 4		
Grad School			1 2 3 4		
Special Training			1 2 3 4		
Other			1 2 3 4		

EMPLOYMENT HISTORY

EMPLOYMENT Data: Give a complete record of all employment for the past 10 years. All applicants must include any unemployment, self-employment or Military experience. You may attach a resume, but you must complete the application with all required information (attach extra sheets if necessary.)

PRESENT OR LAST EMPLOYER: Name _____

From ____/____/____ to ____/____/____ Address: _____
 Street _____ City _____ State/Zip _____

Phone # _____ Position Held _____ Salary _____
 Fax # _____ Reason for Leaving _____

Were you subject to Federal Motor Carrier Safety Regulations while employed: (Drivers Only) Yes ___ No ___
 Was the position designated as a safety function subject to testing for alcohol and controlled substances as required by 49 CFR 40?
 Driver only Yes ___ NO ___

NEXT PREVIOUS EMPLOYER: Name _____

From ____/____/____ to ____/____/____ Address: _____
 Street _____ City _____ State/Zip _____

Phone # _____ Position Held _____ Salary _____
 Fax # _____ Reason for Leaving _____

Were you subject to Federal Motor Carrier Safety Regulations while employed: (Drivers Only) Yes ___ No ___
 Was the position designated as a safety function subject to testing for alcohol and controlled substances as required by 49 CFR 40?
 Driver only Yes ___ NO ___

NEXT PREVIOUS EMPLOYER: Name _____

From ____/____/____ to ____/____/____ Address: _____
 Street _____ City _____ State/Zip _____

Phone # _____ Position Held _____ Salary _____
 Fax # _____ Reason for Leaving _____

Were you subject to Federal Motor Carrier Safety Regulations while employed: (Drivers Only) Yes ___ No ___
 Was the position designated as a safety function subject to testing for alcohol and controlled substances as required by 49 CFR 40?
 Driver only Yes ___ NO ___

NEXT PREVIOUS EMPLOYER: Name _____

From ____/____/____ to ____/____/____ Address: _____
 Street _____ City _____ State/Zip _____

Phone # _____ Position Held _____ Salary _____
 Fax # _____ Reason for Leaving _____

Were you subject to Federal Motor Carrier Safety Regulations while employed: (Drivers Only) Yes ___ No ___
 Was the position designated as a safety function subject to testing for alcohol and controlled substances as required by 49 CFR 40?
 Driver only Yes ___ NO ___

NEXT PREVIOUS EMPLOYER: Name _____

From ____/____/____ to ____/____/____ Address: _____
 Street _____ City _____ State/Zip _____

Phone # _____ Position Held _____ Salary _____
 Fax # _____ Reason for Leaving _____

Were you subject to Federal Motor Carrier Safety Regulations while employed: (Drivers Only) Yes ___ No ___
 Was the position designated as a safety function subject to testing for alcohol and controlled substances as required by 49 CFR 40?
 Driver only Yes ___ NO ___

DRIVERS LICENSE DRIVERS ONLY

Drivers License # _____ State _____ Type _____ Expiration Date _____

CDL? YES___ NO___
 List all endorsements (Haz-Mat, Doubles, etc.) _____

Have you ever been denied a license or permit? Yes___ No___

If yes to either, Please explain: _____

DRIVING EXPERIENCE DRIVERS ONLY

	Type of Equipment (Van, Tank, Flat)	Dates From / To	Number of Miles (Approximate)
Straight	_____	_____	_____
Semi	_____	_____	_____
Double	_____	_____	_____
Flat Bed	_____	_____	_____
Wrecker	_____	_____	_____
Roll Back	_____	_____	_____

List any special driving courses completed _____

Have you received any Safe Driving Awards? Yes ___ No ___ If yes from Whom? _____

List any and all motor vehicle accident and or incidents, private & commercial, regardless of fault. (attach additional sheet if necessary.)

Date	Nature of Accident / Incident	Fatalities	Injuries

List any an all violations of motor vehicle laws and ordinances (other than parking) that your were convicted of or forfeited bond or collateral in the three (3) years prior to this application. (attach additional sheets if necessary.)

Date	Violation

PERSONAL REFERENCES ALL APPLICANTS

Please list 3 people not related to you, whom you have know for at least 1 year.

Name	Business / Occupation	Years Known	Phone #

BACKGROUND**ALL APPLICANTS**

Name appearing on drivers license: _____

Drivers License # and State _____

Date of Birth: _____

If hired, can you provide proof of age? _____

*(NOTE: Federal Law requires our drivers to be at least 21 years of age.**Otherwise your age is not a criterion for employment and therefore need not be noted.)*Have you ever tested positive for alcohol and/or illegal drugs/controlled substances? Yes___ No___
If yes, When and what did you test positive for?

Have you ever been convicted of a crime? Yes___ No___ If yes, List below

CONVICTIONS (both criminal and traffic): (Attach extra sheets if necessary.)

Date	Charge	Penalty	City	County	State

(A criminal conviction does not prevent your from employment consideration)

APPLICANT'S CERTIFICATION AND AGREEMENT

Suburban Towing hereby informs you that, in conformance with the Fair Credit Reporting Act. A consumer report concerning your character, general reputation and personal characteristics may be requested from a consumer reporting agency. You may then inspect and receive a copy of the report by contacting the agency directly, If you are denied employment because of information contained in the report, you will also be advised and the name and address of the agency will be supplied.

Suburban Towing hereby informs you that the information provided by you on this form may be used, and your previous employers may be contacted, for the purpose of investigating your safety performance history information as required by paragraphs (d) and (e) of FMCSRs. 391.23. You are hereby notified of your due process rights as specified in FMCSRs 391.23 (i) regarding information received as a result of these investigations, including the right to review information provided by previous employers, the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to Suburban Towing and the right to have rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information.

Suburban Towing may obtain report regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration Pre Employment Screen Program (FMCSA). If Suburban Towing makes a decision to not hire you or takes adverse action against you based upon your driving history or safety report, Suburban will notify you.

I authorize **Suburban Towing** to access the **FMCSA** Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash date for the previous (5) years and inspection history from the previous (3) years. I understand and acknowledge that this release of information may assist Suburban Towing in making a determination regarding my suitability as an employee.

I further understand that neither **Suburban Towing** or the **FMCSA** contractor supplying the crash and safety information has the capability to correct any safety date that appears to be incorrect, I understand I may challenge the accuracy of the date by submitting a request to <https://dataqs.fmcsa.dot.gov> If I am challenging crash or inspection information reported by a State, **FMCSA** cannot change or correct this data. I understand my request will be forwarded by the DateQs system to the appropriate State for adjudication.

AUTHORIZATION AND RELEASE- I hereby authorize the release of information held by any party regarding my prior employment, credit history, driving record, or education to Suburban Towing, I hereby release said persons, companies, law enforcement authorities, and school from any liability for any damages whatsoever resulting from issuance of the information

CERTIFICATION- I certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. I hereby authorize Suburban Towing to investigate and verify all statements herein contained, and I understand that any misrepresentation falsification or omission shall be sufficient reason for dismissal or a refusal of employment

AT-WILL EMPLOYEMENT: I understand that employment at Suburban Towing is at will and is not guaranteed for any term, and may be terminated by Suburban Towing at any time and for any reason. I also understand that no representative of Suburban Towing has the authority to enter into any agreement for employment for any specified period of time, and that I have not and will not rely on any contrary oral representation , I further understand that I am not obligate to work for Suburban Towing for any specified period of time.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

APPLICANTS SIGNATURE**DATE**

Pre-Employment Certification

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

YES _____

NO _____

Signature

Date

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1. POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional license to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state.

If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by the state.

- 2. NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license.

In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to : 1) your employing carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Expiration Date _____

DRIVER'S CERTIFICATION: I certify that I have read and understand the above requirements.

Driver's Name (Printed): _____

Driver's Signature:

Date

PRE-EMPLOYMENT URINALYSIS CONSENT AGREEMENT

The Federal Motor Carrier Safety Regulations Title 49 United States codes of Federal Regulations, Section 382.301 Pre-Employment testing requirements apply to drive applicants of this company

382.301 Pre-Employment testing requirements.

(a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.

(b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.

(c) Prior to collection of a urine sample under section 382.113 of this subpart, a driver applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment application, I consent to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based upon Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer (MRO) will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test to be given to the parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Consent Agreement.

Your signature below also signifies that you willingly release to MC CONSULTANT SERVICES the results of the above mentioned drug screen and also any other drug screen

that you have done while employed by the company that you have applied to therein.

APPLICANTS' NAME (PLEASE PRINT): _____

APPLICANTS SIGNATURE: _____

WITNESSED BY

COMPANY REP: _____ DATE: _____

ALCOHOL AND CONTROLLED SUBSTANCE POLICY RECEIPT

DRIVER'S NAME _____

COMPANY OFFICIAL SIGNATURE: _____

This is to certify that I have been provided educational materials that explain the requirements of 382.601 and my employer's policies and procedures with respect to meeting the requirements.

1. The designated person to answer questions about the materials.
2. The categories of drivers subject to part 382
3. Sufficient information about the safety-sensitive functions and periods of the workday that compliance is required.
4. Specific information concerning prohibited driver conduct.
5. Circumstances under which a driver will be tested.
6. Test procedures, driver protection and integrity of the testing processes, and safeguarding the validity of the test.
7. The requirement that tests are administered in accordance with part 382.
8. An explanation of what will be considered a refusal to submit to a test and the consequences.
9. The consequences for part 382 Subpart B violations including removal from safety-sensitive functions and 382.605 procedures.
10. The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04.
11. Information on the effects of alcohol and controlled substances use on: An individual's health, work and personal life. This information also consists of signs and symptoms of a problem and available methods of intervening when a problem is suspected.

My signature indicates I have read and understand the information on the above listed items.

Drivers Signature

Date

From: MC Consultant Services, Inc
P.O Box 19547
Louisville, KY 40259-0547

Fax # (502) 966-2291

To: _____ Date _____

_____ Social Security # _____

Is attempting to qualify as a driver under DOT Regulations and states that he/she was employed by you as a
_____ from _____ to _____.

Federal Motor Carrier Safety Regulations Require The Following Information:

Will you kindly reply to the inquiries below? Your reply will be held in strict confidence. A self-addressed envelope is enclosed for your convenience or please fax to the number above.

1. Are dates for employment with your company correct as stated above? Yes _____ No _____
If not, please provide correct dates. _____
 2. Please describe type of work: Single driver operation _____ Team Operation _____
Long Haul _____ Short Haul _____ Local _____ Other _____
 3. What type of tractor? Diesel tandem _____ Other _____
 4. What type of trailer? Flat _____ Van _____ Drop _____ Reefer _____ Other _____
 5. What type of cargo? _____
 6. Please describe accident experience with dates and details _____
 7. Please describe cargo damage experience _____
 8. Any compensation for personal injuries? _____
 9. License State _____ License No. _____ Class _____ Endorsements _____ Exp. Date _____
 10. Was driver's license suspended or revoked while in your employ? Yes _____ No _____
 11. Per Federal Motor Carrier Safety Regulations part 40.25 (b) the following information is required:
 - a.. Has this person had an alcohol concentration of 0.04 or greater within the last two years?
Yes _____ No _____
 - b. Has this person had a verified positive drug test within the last two years Yes _____ No _____
 - c. Has this person refused a drug or alcohol test within the last two years? Yes _____ No _____
 - d. Any other violations of DOT agency drug and alcohol testing regulations? Yes _____ No _____
 - e. With respect to any violations of DOT agency drug and alcohol regulations do you have documentation of the employee's successful completion of return to duty requirements? Yes _____ No _____
 12. Reason for leaving your employ: Laidoff _____ Resigned _____ Discharged _____ Other _____
 13. Were trips DOT regulated? Yes _____ No _____
 14. Were daily logs prepared? Yes _____ No _____
 15. Would he/she b eligible for rehire? Yes _____ No _____
 16. Where was he/she employed before coming to you? _____
 17. Any general comments about his/her performance? _____
- Date _____ By _____
(Name and signature and title of person giving information)

I hereby authorize you to release the requested information to **Suburban Towing Inc** for purposes of investigation as required by section 40.25 (b) and 382.413 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing this or any other information.

(Date)

(Applicant Signature)

DRIVER'S ROAD TEST EXAMINATION

Driver's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

The motor carrier shall give the road test or a person designated by it. However, another person must give a driver who is a motor carrier the test. A person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign shall give the test.

Rating of Performance

- _____ The pre-trip inspection (As required by Sec. 392.7)
- _____ Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
- _____ Placing the equipment in operation.
- _____ Use of vehicle's controls and emergency equipment.
- _____ Operating the vehicle in traffic and while passing other vehicles.
- _____ Turning the vehicle.
- _____ Braking, and slowing the vehicle by means other than braking.
- _____ Backing and parking the vehicle.
- _____ Other, Explain: _____

Type of equipment used in giving test: _____

Examiner's Signature: _____

Date: _____

RECORD OF ROAD TEST

Instructions to Evaluator: Check () items which the driver performs satisfactorily, use "X" where performance is unsatisfactory. Any item not evaluated, leave blank.

Driver's Name _____ **Home Address** _____

Social Security No. _____ **License No.** _____ **State** _____ **Class** _____

Equipment Driven: Truck Tractor _____ **Trailer(s)** _____
(Make & Model) (Body Type & Length of Each)

Length of Test _____ **Mi. From/In** _____ **To** _____

Start Time _____ **Finish Time** _____ **Weather Conditions** _____

PART 1 - PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT	
Checks general condition approaching unit	_____
Checks fuel, oil. Water and for excessive oil on engine	_____
Checks around unit - Tires, lights, trailer hook-up, brake and light line, doors and inspects for body damage	_____
Tests steering, brake action, tractor protection valve, and parking brake	_____
Checks horn, windshield wipers, mirrors, emergency equipment; reflectors, flares, fuses, tire chains (if necessary), fire equipment	_____
Checks instruments for normal readings	_____
Checks dashboard warning lights for proper functioning	_____
Cleans windshield, windows, mirrors, lights and reflectors	_____
Reviews and signs previous report	_____
PART 2 - COUPLING AND UNCOUPLING	
Connects glad hands to trailer to apply trailer brakes before coupling	_____
Connects glad hands and light line properly	_____
Couples without difficulty	_____
Raises landing gear fully after coupling	_____
Visually checks king pin assembly to be certain of proper coupling	_____
Checks coupling by applying hand valve or tractor-protection valve (trailer air supply valve) and gently applying pressure by trying to pull away from trailer	_____
Assures himself that surface will support trailer before uncoupling	_____

PART 3 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS	
A. MOTOR	
Places transmission in neutral before starting engine	_____
Starts engine without difficulty	_____
Checks instruments at regular intervals	_____
Maintains proper engine rpm while driving	_____
B. BRAKES	
Knows proper use of and checks tractor-protection valve (trailer air supply valve)	_____
Tests service brakes	_____
Builds full air pressure before moving	_____
C. CLUTCH AND TRANSMISSION	
Starts unit moving smoothly	_____
Uses clutch properly	_____
D. LIGHTS (if tested at night)	
Adjusts speed for range of headlights	_____
Dims lights when approaching another vehicle or following other traffic	_____
PART 4 - BACKING AND PARKING	
A. BACKING	
Gets out and checks area before backing	_____
Understands and utilizes mirrors properly	_____
Signals when backing (if appropriate)	_____
Avoids backing from blind side	_____
B. PARKING (CITY)	
Parks without hitting any other vehicles or stationary objects	_____
Parks correct distance from curb	_____
Secures unit properly - sets parking brake, transmission in correct gear, shuts off engine, blocks wheels (when necessary)	_____
Carefully enters traffic from parked position	_____
C. PARKING (ROAD)	
Parks off pavement	_____
Secures unit properly	_____
Uses emergency warning signal or devices when necessary	_____

PART 5 - SLOWING AND STOPPING

- Uses clutch and gears properly _____
- Gears down properly before descending hills _____
- Starts without rolling back _____
- Tests brakes before descending grades _____
- Uses brakes properly on grades _____
- Makes proper use of mirrors _____
- Plans stop far enough in advance to avoid hard braking _____
- Stops clear of cf crosswalks _____

PART 6 - OPERATING IN TRAFFIC, PASSING AND TURNING

- A. TURNING
 - Signals intention to turn well in advance _____
 - Gets into proper lane well in advance of turn _____
 - Checks traffic conditions and turns only when intersection is clear _____
 - Restricts traffic from passing on right when preparing to complete right hand turn _____
 - Completes turn promptly and safely and does not impede other traffic _____
- B. TRAFFIC SIGNS AND SIGNALS
 - Plans stop in advance and adjusts speed correctly _____
 - Obeys all traffic signals _____
 - Comes to a complete stop at all stop signs _____
- C. INTERSECTIONS
 - Yields right of way _____
 - Checks for cross traffic regardless of traffic controls _____
 - Enters all intersections prepared to stop if necessary _____
- D. GRADE CROSSINGS
 - Stops at a minimum 15 feet but not more than 50 feet before crossing if stop is necessary _____
 - Selects proper gear and does not shift gears while crossing _____
 - Knows and understands Federal and State rules governing grade crossings _____

- E. PASSING
 - Allows sufficient space ahead for passing _____
 - Passes only in safe locations _____
 - Signals changing lanes before and after passing _____
 - Warns driver ahead of his intention to pass _____
 - Passes with sufficient speed differential to minimize obstructing traffic _____
 - Returns to right lane promptly but only when safe to do so _____
- F. SPEED
 - Observes speed limits _____
 - Drives at speed consistent with ability _____
 - Adjusts speed properly to road, weather and traffic conditions _____
 - Slows down in advance of curves, danger zones and intersections _____
 - Maintains constant speed where possible _____
- G. COURTESY AND SAFETY
 - Yields right of way _____
 - Consistently strives to drive in safe manner _____
 - Allows faster traffic to pass _____
 - Uses horn only when necessary _____

PART 7 - MISCELLANEOUS

- A. GENERAL DRIVING ABILITY AND HABITS
 - Consistently alert and attentive _____
 - Consistently is aware of changing traffic conditions _____
 - anticipates problems _____
 - Performs routine functions without taking eyes from road _____
 - Checks instruments regularly while driving _____
 - Personal appearance is professional _____
 - Remains calm under pressure _____
- B. USE OF SPECIAL EQUIPMENT (SPECIFY)
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____

REMARKS:

GENERAL PERFORMANCE: Satisfactory Needs Training Explain: _____

QUALIFIED FOR: Straight Truck Tractor-Semitrailer Twin Trailers Other Combination Special Equipment _____

(SPECIFY)

Date _____

SIGNATURE OF EXAMINER

CERTIFICATION OF ROAD TEST

Driver's Name _____

(Social Security Number) (Operators or Chauffeurs License Number) (State)

Type of Power Unit _____ Type of Trailer(s) _____

If passenger carrier, type of bus _____

This is to certify that the above named driver was given a road test under my supervision on _____, 20____ consisting of approximately _____

miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

(Signature of Examiner) (Title)

(Organization and Address of Examiner)