

# 400 Industry Dr., Henderson, NC 27537 • (252) 430-0082 • (919) 690-0604 • karrie@fredstowing.com

Date of Hire \_\_\_ / \_\_\_ (Office use only)

#### DRIVER APPLICATION FOR EMPLOYMENT

Applicants are considered without regard to race, creed, color, sex, religion, age, national origin, or disability.								
Personal Description:								
Full Name:	Last		First	Middle Int.	_ Social Secur	rity No		
Date of Birth/	/ Addre	ess:	Street	City			State	Zip
Phone No. ()	In	Case of Emergency	Notify:			@	()	
Address Stre	et		City		Stat	e	Zip	
Last Three Stre	et		City		Stat	e	Zip	
Years Stre	et		City		Stat	e	Zip	
Experience and Qualifications:								
***This information v	will be verified***							
Valid Drivers Licen	se Number:		Fron	n the State of:		Expires	s On: /	_/
License Type: (LE, C	CDL, Class A, Class 1, ET	C)		List (	CDL Endorsen	nents		
I Certify I do not have more than (1) Drivers License								
Has your license, pe	ermit, or privilege to o	perate a commercial	motor vehicle ever beer	Applicant's n denied, revoked, o	C			
Has your license, permit, or privilege to operate a commercial motor vehicle ever been denied, revoked, or suspended?  NO YES If Yes Explain								
Driving Experier	ıce:							
Power Equipment Type of Equipment			t	Number of Years		States You Have Driven In		
Straight Truck								
Tractor Trailer		Power Unit: Trailer:						
Bus School:			Coach					
Other (Specify)								
Accident Record Last Three Years								
***This information v								
				T	Ι			
Date:	Nature of Accident (Overturn, Jack Knif	e, Rear End, ETC)		No. of Fatalities	Commercia	al Vehicle	Personal Ve	hicle



# 400 Industry Dr., Henderson, NC 27537 • (252) 430-0082 • (919) 690-0604 • karrie@fredstowing.com

m m o :	In C.,	T 475 37	,_, , , , ,				
	on will be verified***	res Last Three Year	S (Other than Parking)				
This information	on win be verified				1		
State	Date	(	Charge	Penalty	Commercial Vehicle	Personal Veh	nicle
Education							
Please circle the	last grade completed:	1 2 3 4 5	5 7 8 9 10 1	1 12		College 1 2	3 4
Other Training							
Do you have full	knowledge of the Fed	deral Carrier Safety R	egulations?				
Are you now em	ployed?	When will you	be available?				
Are you prevented from lawful employment in this Country because of migration status?  Have you ever been convicted of a Felony, Misdemeanor, or Criminal Violation? (Circle One) YES NO							
Thave you ever be	cen convicted of a 1 ci	ony, iviisdemeanor, or	Crimmar violation: (	Circle Oile) 115 14	O		
<b>Driving Exper</b>	rience:						
				must provide 10 years nd as required by 49 CF	employment history. The FR §391.23.	is may be used, and y	your
Have you worke	d for Fred's Towing be	efore? Whe	ere?		When / /	To//	
Position:		Reason for leaving:	:				
Last Employer:	Name					Phone//	
	Address					Alea	
		Street		City	State	Zi	ip
	From / /	To /	/ Position		Supervisor's Name		
Did you operate a CDL vehicle? Yes No							
	Reason for leaving						
Last Employer:	Employer: Name Phone / / Area						
	Address	Stroot		City	State	7;	ip
	Enom. / /			·			•
From / / To / Position  Did you operate a CDL vehicle? Yes No					Supervisor's Name		
Reason for leaving							



# 400 Industry Dr., Henderson, NC 27537 • (252) 430-0082 • (919) 690-0604 • karrie@fredstowing.com

Last Employer:	Name			Pho	one / /
					Area
	AddressStr	eet	City	State	Zip
	From / T	To / Position _		Supervisor's Name	
	Did you operate a CDL vehicle	?? Yes No			
	Reason for leaving				
Last Employee	Nama			Dha	
Last Employer:	name			PIIC	Area
	AddressStr	eet	City	State	Zip
	From / / T	To / Position _	·	Supervisor's Name	-
	Did you operate a CDL vehicle			•	
	, -				
Notice to App	licant				
	nployer has not explained or give	en a job description, make sure one	is given to you and that yo	ou fully understand what	is expected of you prior
Can you perform	n the functions described in the	job description?			
Please explain h	ow, with or without reasonable a	accommodation, you will be able to	perform those functions		
•		,	•		
Driving Expe	rience:				
the employer or be on a probation	his agents may investigate any a mary period during which time	ons of information given on this for nd all information given on this for I may be discharged without recours omplete to the best of my knowledg	m to determine its validity se. This certifies that this a	. I agree and understand	that if hired, I will
	// Date		Applicant's Signature		
Office Use On	ly				
1st Employer Co	ontacted / / Date	Name of person conta	acted	Resu	ılts
2nd Employer C	ontacted / /				
Ziid Ziiipioyei O	Date	Name of person conta	acted	Resu	ılts
3rd Employer Co	ontacted//	N C .			16.
	Date	Name of person conta	acted	Resu	IIIS
4th Employer Co	ontacted / /	Name of person conta		Resu	ults
		•			

#### PLEASE READ CAREFULLY

#### **APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Fred's Towing & Transport Inc., (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of <a href="Fred's Towing & Transport Inc.">Fred's Towing & Transport Inc.</a>, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and Fred's Towing & Transport Inc., may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant	Date:

The Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.