



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date of Birth: _____ Social Security No.: _____ TDLR #(if any): _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony or Misdemeanor? YES NO Explain: _____

Previous Employment (3 years – additional space after signature if needed)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Driver's License Information

State: _____ License #: _____ Class: _____ Expiration: _____

Do you have a Current Medical Certification? ____ YES ____ NO

Has your License Ever been Suspended or Revoked? ____ YES ____ NO

Driving Experience:

Type of Vehicle	Dates (from – to)	# of Years
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Accident Information for Past 3 Years:

Date	Describe accident (head on, rear end, etc)	Fatalities?	Injuries?	At Fault?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Traffic Convictions for Past 3 years (other than parking violations)

Date	Violation	State of Violation	Penalty (points / fines)
_____	_____	_____	_____
_____	_____	_____	_____

Disclaimer and Signature

I authorize employer to make investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.). I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I understand falsifying any information on my application or in interviews is grounds for termination.

Signature: _____ Date: _____

ADDITIONAL SPACE IF NEEDED

Previous Employment (3 years)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Safety Performance History Request (Part 1) To be completed by Prospective Employee

I, (Print Name) _____ SSN: _____
Hereby Authorize: _____ DOB: _____
Previous Employer: _____
Address: _____ Email: _____
City, State, Zip: _____ Phone: _____

To release and forward information concerning my Alcohol and Controlled Substance Testing Records within the previous three years from this date.

In compliance with 40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

To : Action Wrecker Service, Inc.
Attention: Jeremy
1109 S. Midland Drive
Midland, TX 79703

432 967-8697 Phone
432 694-0052 Fax
Jeremy@actionwrecker.com

Applicant Signature: _____ Date: _____

Safety Performance History Request (Part 2) To be completed by Previous Employer

ACCIDENT HISTORY:

The applicant named above was employed by us: _____ YES _____ NO

Employed as: _____ Dates: FROM _____ TO _____

1. Did he/she driver a motor vehicle for your company? _____ YES _____ NO.
2. If yes what type of vehicle? _____
3. Reason for Leaving your employ? _____ Discharged _____ Resignation _____ Lay Off _____ Military Duty
4. Is this employee eligible for re-hire? _____ YES _____ NO

If there is no safety performance history to report, check here _____, sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above.

Date	Location	# Injuries	#Fatalities.	Hazmat spill (Y/N)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

5. Any additional accidents reported to government agencies or retained under company policies :

Additional Remarks:

Signature: _____

Name Printed: _____

Title: _____

Date: _____

Safety Performance History Request (Part 3) To be completed by Previous Employer

DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation or TDLR testing requirements while employed by this employer, please check here , fill in dates of employment FROM _____ TO _____, complete company information, sign and return.

Driver WAS subject to Department of Transportation or TDLR testing requirements:

FROM _____ TO _____.

1. Has this person had an alcohol test with a result of .04 or higher? YES NO
2. Has this person tested positive for controlled substances? YES NO
3. Has this person ever refused to submit to any lawfully requested Drug or Alcohol test? YES NO
4. Has this person committed other violations of Subpart B of Part 382 or Part 40? YES NO
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please submit documentation with this form. YES NO
6. If a rehab program was completed, were there any subsequent failed drug or alcohol tests? YES NO

In answering these questions, include any information acquired from previous employers in the previous 3 years from application date.

NAME: _____ (printed), _____ (Signature)

Company Name: _____

Street Address: _____ City/State ZIP: _____

Phone: _____ Date: _____