

Application of Employment
Dales Tow Service
226S. Blake, Olathe KS 66061 913-782-2289

Name _____
 (First) (Middle) (Maiden) (Last) (Date)
Address _____
 (Street) (City) (State & Zip Code)
How long at this residence _____ **Phone** _____
Social Security _____ **Date of Birth** _____

Address For past three years

 (Street) (City) (State & Zip Code)

 (Street) (City) (State & Zip Code)
 Attach sheet if more space is needed

Driver Experience and Qualifications

Driver Licenses

State	License #	Type	Expiration Date

Driving Experience

	Class	Type (van, tank, flat, etc.)	From date	To date	Approx. # of miles driven (total)
<i>Straight Truck</i>					
<i>Tractor / semi-trailer</i>					
<i>Tractor / two trailers</i>					
<i>Other</i>					

Accident record for past 3 years or more
 (Attach sheet if more space is needed)

	Date	Nature of accident (head-on, rear-end, upset, etc...)	Fatalities	Injuries
Last accident				
Next previous				
Next previous				

Traffic Convictions and forfeitures for the past 3 years
 (Other than parking violations)

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

Application Page 1

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Previous Employment/Contractor Record

DOT requires that employment/contractor for the last 3 years and/or Commercial Driving Experience (if operating a vehicle of 26,001 lbs. or more) for the past 10 years be shown.

Please fill out or answer ALL questions. If not complete we cannot process your application.

(Attach additional pages if necessary)

.....
Last Employer: _____

Address _____
(Street) (City) (State & Zip Code)

Phone _____ fax _____

Position Held _____ from _____ to _____ Salary _____

Reason(s) for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? **Yes No**

Was this job designated as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40? **Yes No**

.....
Second Last Employer: _____

Address _____
(Street) (City) (State & Zip Code)

Phone _____ fax _____

Position Held _____ from _____ to _____ salary _____

Reason(s) for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? **Yes No**

Was this job designated as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40? **Yes No**

.....
Third Employer: _____

Address _____
(Street) (City) (State & Zip Code)

Phone _____ fax _____

Position Held _____ from _____ to _____ salary _____

Reason(s) for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? **Yes No**

Was this job designated as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40? **Yes No**

.....
Fourth Employer: _____

Address _____
(Street) (City) (State & Zip Code)

Phone _____ fax _____

Position Held _____ from _____ to _____ salary _____

Reason(s) for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? **Yes No**

Was this job designated as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40? **Yes No**

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A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes _____ No _____

B. Has any license, permit or privilege ever been suspended or revoked?

Yes _____ No _____

C. In the previous 3 years, have you tested positive, or refused to take a pre-employment drug and/or Alcohol test administered by a prospective employer regardless of if you were hired or not?

Yes _____ No _____

If the answer to A, B or C is yes, attach statement giving details:

To be read and signed by applicant

"I hereby authorize any and all schools, former employers/contractors, references, motor vehicle reports, courts and any others who have information about me to provide such information to Company Name and/or any of its representatives, agents or vendors. I release all parties involved from any and all liability for any and all damage that may result from providing such information."

This certifies that I have read in its entirety and completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's signature

Date

Due Process Rights

As a driver applicant, you have the right to:

- Review information provided by previous employers (CFR 391.23(i)(2));
- Have errors in the information corrected by the previous employer, and for that previous employer to re-send the corrected information to the prospective employer (CFR 391.23(j)(1)(3)); and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information (CFR 391.23(j)(3)).

This certifies that I have read the driver applicant Due Process Rights

Applicant's signature

Date

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I, (Print Name) _____	
First	M.I.
Last	Social Security Number
Hereby authorize: _____	
Previous Employer: _____	Date of Birth _____
Email: _____	
Street: _____	
Telephone: _____	
City, State, Zip: _____	
Fax No.: _____	
To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from: _____	
(employment application date)	
To: Prospective Employer: <u>Dale's Tow Service Inc</u>	
Attention: <u>Chelsey Leatherman</u> Telephone: <u>(913) 782-2289</u>	
Street: <u>226 S. Blake St</u>	
City, State, Zip: <u>Olathe, KS 66061</u>	
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.	
Prospective employer's fax number: <u>(913) 782 -5273</u>	
Prospective employer's email address: <u>cleatherman@dalestowservice.com</u>	

Applicant's Signature	Date
This information is being requested in compliance with §40.25(g) and 391.23.	

ACCIDENT HISTORY

The applicant named above was employed by us. Yes ☐ No ☐

Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) _____

2. Reason for leaving your employ: Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty ☐

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, or check ☐ here if there is no accident register data for this driver.

	Date	Location	# Injuries	# Fatalities	Hazmat Spill
1.					
2.					
3.					

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Any other remarks:

Signature: _____

Title: _____ Date: _____

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return. Driver was subject to Department of Transportation testing requirements from _____ to _____.	
1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES ☐ NO ☐ 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES ☐ NO ☐ 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance 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 send documentation back with this form. YES ☐ NO ☐ 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES ☐ NO ☐	
In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.	
Name: _____ Company: _____ Street: _____ City, State, Zip: _____ Telephone: _____ Part 3 Completed by (Signature): _____ Date: _____	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
This form was (check one) ☐ Faxed to previous employer ☐ Mailed ☐ Emailed ☐ Other _____ By: _____ Date: _____	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
Complete below when information is obtained. Information received from: _____ Recorded by: _____ Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone Date: _____ ☐ Other _____	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PAGE 1 PART 1: Prospective Employee - Complete the information required in this section - Sign and date - Submit to the Prospective Employer PAGE 2 PART 4a: Prospective Employer - Complete the information - Send to Previous Employer PAGE 1 PART 2: Previous Employer - Complete the information required in this section - Sign and date - Turn form over to complete SIDE 2 SECTION 3	PAGE 2 PART 3: Previous Employer - Complete the information required in this section - Sign and date - Return to Prospective Employer PAGE 2 PART 4b: Prospective Employer - Record receipt of the information - Retain the form
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**RECORDS REQUEST FOR
DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY**

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

§391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

PART 1:

COMPLETED BY THE DRIVER/APPLICANT

TO:

Prospective Employer: _____

Street/P.O. Box: _____

City, State, Zip: _____ Telephone # _____

FROM:

Driver/Applicant: _____ Social Security/I.D. # _____

Street: _____

City, State, Zip: _____ Telephone # _____

I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.

This information should be: ☐ sent to me at the above address.
☐ I will arrange to pick up.

Driver/Applicant Signature: _____ Date: _____ / _____ / _____
M D Y

PART 2:

COMPLETED BY THE PROSPECTIVE EMPLOYER

The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.

Information supplied to:

Name: _____

Street: _____

City, State, Zip: _____

Comments: _____

By:

Signature/person providing information Telephone # Release Date: _____ / _____ / _____
M D Y

COPY 1 PROSPECTIVE EMPLOYER