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Date of Application \_\_\_\_/\_\_\_\_/20\_\_\_\_ Date of Hire \_\_\_\_/\_\_\_\_/20\_\_\_\_

**DRIVER APPLICATION FOR EMPLOYMENT**

Applicants are considered without regard to race, creed, color, sex, religion, age, national origin or disability.

Personal Description:

Full Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Last First Middle Int.

Date of Birth \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip

Phone No. (\_\_\_\_) \_\_\_\_\_ In case of Emergency Notify: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Last Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Years Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Experience and Qualifications:

\*\*This information will be verified\*\*

Valid Drivers License Number: \_\_\_\_\_ State \_\_\_\_\_ Expires on \_\_\_\_/\_\_\_\_/\_\_\_\_

License Type: (LE, CDL, Class A, Class 1, ETC) \_\_\_\_\_ List CDL Endorsements \_\_\_\_\_

I certify I do not have more than (1) Drivers License \_\_\_\_\_

Applicant's Signature

Has your license, permit, or privilege to operate a commercial motor vehicle ever been denied, revoked or suspended?

NO \_\_\_\_\_ YES \_\_\_\_\_ If yes, Explain \_\_\_\_\_

Can you work any shift? \_\_\_\_\_ YES \_\_\_\_\_ NO

Can you work overtime, including weekends? \_\_\_\_\_ YES \_\_\_\_\_ YES, but not weekends \_\_\_\_\_ NO

When can you start \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Able to make it work work using a reliable means of transportation? \_\_\_\_YES \_\_\_\_NO

Do you have any relatives or friends who work for this company? \_\_\_\_YES NO\_\_\_\_

If yes, please provide names?\_\_\_\_\_

**Driving Experience**

Power Equipment	Type of Equipment	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 will be verified\*\***

Date	Nature of Accident (overturn, jack knife, rear end, ETC)	# of Fatalities	Commercial Vehicle	Personal Vehicle

**Traffic Convictions and Forfeitures Last Three Years (other than Parking)**

\*\* This Information will be verified\*\*

State	Date	Charge	Penalty	Commercial Vehicle	Personal Vehicle

**Education**

Please circle the last grade completed 1 2 3 4 5 6 7 8 9 10 11 12    College 1 2 3 4

Other Training \_\_\_\_\_

Do you have full knowledge of the Federal Carrier Safety Regulations? \_\_\_\_\_

Are you now Employed? \_\_\_\_\_ 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? YES NO

**Driving Experience**

Non CDL driver applicants must provide a 3 year employment history. CDL drivers must provide 10 years of employment history. This may be used, and your prior employers may be contacted, for the purpose of investigating your background as required by 49 CFR 391.2333.

Have you worked for Raleigh Towing & Recovery before? \_\_\_\_\_ When \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Last Employer: Name \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

From \_\_\_ - \_\_\_ to \_\_\_ - \_\_\_ Position \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Did you operate a CDL vehicle YES NO Reason for leaving? \_\_\_\_\_

Salary \_\_\_\_\_

Last Employer: Name \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

From \_\_\_\_\_ - \_\_\_\_\_ to \_\_\_\_\_ - \_\_\_\_\_ Position \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Did you operate a CDL vehicle YES NO Reason for leaving? \_\_\_\_\_

Salary \_\_\_\_\_

Last Employer: Name \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

From \_\_\_\_\_ - \_\_\_\_\_ to \_\_\_\_\_ - \_\_\_\_\_ Position \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Did you operate a CDL vehicle YES NO Reason for leaving? \_\_\_\_\_

Salary \_\_\_\_\_

Last Employer: Name \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

From \_\_\_\_\_ - \_\_\_\_\_ to \_\_\_\_\_ - \_\_\_\_\_ Position \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Did you operate a CDL vehicle YES NO Reason for leaving? \_\_\_\_\_

Salary \_\_\_\_\_

Notice to Applicant

Applicant -Are you able, with or without reasonable accommodation, to perform the essential functions of this job? (If you have any questions about the functions of this job, please ask the interviewer before answering this question).

\_\_\_YES    \_\_\_NO    If no, please explain\_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_

DATE

Applicant's Signature

**PLEASE READ CAREFULLY**

**If you have any questions regarding this application, this statement, or if you need special assistance in regard to applying for this position, please ask the person who is assisting you with this application.**

As an equal opportunity employer, this Organization will strive to conduct all personnel practices and procedures, including recruitment, selection, employment, compensation, benefits, evaluations, promotions, demotions, assignments, transfers, reductions-in-force, terminations, training, education, recreational and social activities, and safety and health programs, without regard to race, color, religion, gender, national origin, age, disability, veteran status, or any other status protected under local, state or federal laws.

The answers to the questions on this application are not intended for use for discriminatory purposes.

Your application will be given the consideration it deserves; however, our acceptance of your completed application for our consideration does not mean you will be offered employment. By signing your name below, you indicate your understanding that nothing contained in this application or any information gained or discussed during the interview process creates an employment contract between you and this Organization. **If hired, you will be, at all times, an at-will employee.** Should this application and the hiring process result in your employment, you have the right to terminate your employment at any time and for any reason. Likewise, this Organization reserves the right to terminate your employment at any time and for any reason not prohibited by law.

Moreover, you understand no representative of this Organization, with the exception of the Owner(s), has any authority to enter into any agreement of any kind or form with you for any specified period of time or to guarantee any other terms of employment, including benefits. **No statements, written or verbal, made to you at any time prior to, or during, employment are intended to alter your at-will status.**

When processing this application, and if applicable to the position for which you are applying, the Organization may request third parties perform criminal, police, credit, or other background checks about you. In addition to these background checks, This Organization may directly contact past employers, supervisors, and/or any other person listed in this application regarding the statements you make during the application process and your suitability for employment. This inquiry may include information as to your general character, reputation, and work-related characteristics.

Also, note that should the Organization hire you, The Organization may use, at any time during your employment, outside agents or representatives to perform investigations surrounding any claim of wrongdoing, including, but not limited to, sexual harassment, theft or fraud.

I certify, with my signature below, that I have given the Organization true and complete information on this application to the best of my knowledge. I have omitted no facts called for on the application and have not made any false statements. No requested information has been concealed. I authorize the Organization to verify the accuracy of the statements and obtain reference information on my work performance. I release The Organization for all liability of any kind, which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, any false statements or omissions of fact called for on this application could result in my dismissal. I understand that should any employment offer be extended to me and accepted, I will at all times be an at will employee. I will fully adhere to the policies, rules, and regulations of employment. However, I further understand that neither Organization's policies, rules, regulations, nor anything said during the interview process, shall be deemed to alter the at-will nature of my employment or to constitute the terms of an implied employment contract.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**This application for employment expires 60 days after the date indicated next to your signature. Consideration for employment after 60 days requires a new application.**

Office Use Only

Date\_\_\_\_\_ Company Name:\_\_\_\_\_

Contact\_\_\_\_\_

Eligible for rehire?\_\_\_\_\_

Date\_\_\_\_\_ Company Name:\_\_\_\_\_

Contact\_\_\_\_\_

Eligible for rehire?\_\_\_\_\_

Date\_\_\_\_\_ Company Name:\_\_\_\_\_

Contact\_\_\_\_\_

Eligible for rehire?\_\_\_\_\_

Date\_\_\_\_\_ Company Name:\_\_\_\_\_

Contact\_\_\_\_\_

Eligible for rehire?\_\_\_\_\_

Background check ordered\_\_\_\_\_