



2416 E ST NE
Auburn, WA 98002
(253)833-4433

DRIVER APPLICATION FOR EMPLOYMENT

**3 YEAR DRIVING ABSTRACT AND COPY OF DRIVER'S LICENSE MUST
BE SUBMITTED WITH THIS APPLICATION**

Today's Date: _____ What position are you apply to? _____

Where did you hear about this position? _____

Applicant Name: _____
LAST FIRST MI

Address: _____
CITY STATE ZIP

Home Phone: _____ Cell Phone: _____ Message Phone: _____

How did you hear of this job opening? _____

PERSONAL INFORMATION

List your address of residency for the past 3 years

Now _____ how long _____
Previous _____ how long _____

Are you authorized to work in the United States? _____ Are you 18 years of age?: _____

Have you worked for Fitz Towing or any of their affiliates before? _____ If so, when? _____

Are you employed now? _____ If not, how long since leaving your last employer? _____

Have you ever been convicted of a felony? _____ (If yes, please explain fully on a separate sheet of paper)

Is there any reason you might be unable to perform the functions of the job for which you have applied? _____
If yes, please explain:

QUALIFICATIONS AND LICENSES (IF APPLICABLE)

Driver's License: State(s) _____ License # _____ Type _____ Exp date _____
State(s) _____ License # _____ Type _____ Exp date _____

Any other licenses or permits pertinent to this job? _____

Have you ever been denied a license, permit or privileged to operate a motor vehicle? _____ If so, when _____

Have you ever had a license, permit or privilege suspended or revoked? _____ If so, when _____

DRIVING EXPERIENCE (IF APPLICABLE)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT VAN, TANK, FLAT, ETC.	DATES		APPROX NUMBER OF MILES (TOTAL)
		FROM	TO	
TRACTOR AND SEMI-TRAILOR yes <input type="checkbox"/> no <input type="checkbox"/>				
TRACTOR- TWO TRAILERS yes <input type="checkbox"/> no <input type="checkbox"/>				
TRACTOR –THREE TRAILERS yes <input type="checkbox"/> no <input type="checkbox"/>				
MOTOR COACH – SCHOOL BUS yes <input type="checkbox"/> no <input type="checkbox"/>				
STRAIGHT TRUCK yes <input type="checkbox"/> no <input type="checkbox"/>				
OTHER				

ACCIDENT RECORD (3-YEAR ABSTRACT IS REQUIRED FOR DRIVERS)

DATE OF ACCIDENT	NATURE OF ACCIDENT (HEAD-ON, READ-END, ETC)	FATALITIES OR INJURIES	TYPE OF CITATION ISSUED

TRAFFIC CONVICTIONS AND FORFEITURES (PAST 3 YEARS, OTHER THAN PARKING VIOLATIONS)

DATE	LOCATION	CHARGE	PENALTY

EMPLOYMENT INFORMATION (MOST RECENT EMPLOYER FIRST)

EMPLOYER NAME:		FROM:	TO:
ADDRESS:		POSITION:	SALARY:
SUPERVISOR'S NAME	PHONE#	REASON FOR LEAVING:	
WAS YOUR JOB DESIGNATED AS A SAFETY- SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL REQUIREMENTS OF 9 CFR PART 40 ? YES <input type="checkbox"/> NO <input type="checkbox"/>		WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	

EMPLOYER NAME:		FROM:	TO:
ADDRESS:		POSITION:	SALARY:
SUPERVISOR'S NAME	PHONE#	REASON FOR LEAVING:	

WAS YOUR JOB DESIGNATED AS A SAFETY- SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL REQUIREMENTS OF 9 CFR PART 40 ? YES <input type="checkbox"/> NO <input type="checkbox"/>	WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>
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EMPLOYER NAME:	FROM:	TO:
ADDRESS:	POSITION:	
SUPERVISOR'S NAME		REASON FOR LEAVING:
PHONE#		SALARY:

WAS YOUR JOB DESIGNATED AS A SAFETY- SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL REQUIREMENTS OF 9 CFR PART 40 ? YES <input type="checkbox"/> NO <input type="checkbox"/>	WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>
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List states operated in for the last 5 years _____

Any special courses or training that will help you as a driver? _____

Any trucking, transportation or other experience that will help you as a driver? _____

Any special equipment or technical materials you have experience with? _____

EDUCATION

High School _____ Location: _____ Graduated? _____

College or Technical School _____ Location: _____ Graduated? _____

College or Technical School _____ Location: _____ Graduated? _____

Any special certificates or classes? _____

Any special awards or recognitions?

Languages spoken? _____ Will there be a resume with this application? _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex national origin, age, marital status, veterans status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize Fitz Towing to make such investigations and inquiries of 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 employment.

In the event of employment:

I understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand that I am required to abide by all rules, regulations and policies of Fitz Towing.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) Will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e)

I understand that a background check will be obtained for employment purposes at Fitz Towing.

As a condition of employment with Fitz Towing, if you are offered employment, are you willing to undergo a criminal background and employment reference check? Note - The existence of a criminal history will not automatically disqualify you from the job you are applying for. Yes_____ No_____

As part of the hiring process, applicants who receive an offer of employment will asked to submit to a screening test to detect the presence of drugs (marijuana, opiates, cocaine, amphetamines, phencyclidine (PCP)) and/or alcohol or their metabolites. Offers of employment are conditioned on a negative result. If you are asked to submit to a drug/alcohol test and you refuse to be tested, or you do not pass, Fitz Towing will revoke any offer of employment. All drug/alcohol tests will be conducted in accordance with applicable federal and state law and be done through urinalysis or oral swab. Therapeutic levels of medically-prescribed drugs will not be reported.

As a condition of employment with Fitz Towing, if you are offered employment, are you willing to submit to a drug screening test? Yes_____ No_____

I understand I have the right to:

Review information provided by previous employers.

Have errors in the information corrected by previous employers and for previous employers to re-send the corrected information to Fitz Towing.

Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

I grant permission for Fitz Towing to conduct a criminal background check for employment purposes.

Signature _____ **Date** _____

My signature below certifies that this application was completed by me, and all entries and information is truthful and complete to the best of my knowledge

Signature _____ **Date** _____