

Stockton Towing Inc
 1203 Lewis Blvd
 Sioux City, Iowa 51105
 712-259-2434



COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE	

PREVIOUS THREE YEARS RESIDENCY					
	STREET	CITY	STATE	ZIP	# OF YRS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, LFAT, ECT)	DATE FROM	DATE TO	APPROX # OF MILES

ACCIDENT RECORD FOR THE LAST 3 YEARS				
<input type="checkbox"/> CHECK BOX IF NONE				
DATES (MOST RECENT 1 ST)	NATURE OF THE ACCIDENT (HEAD ON, REAR-END, UPSET, ECT)	# FATALITIES	# INJURIES	CHEMICAL SPILL? (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES IN THE LAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)			
<input type="checkbox"/> CHECK BOX IF NONE			
DATE CONVICTED	VIOLATION	STATE	PENALTY

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES NO

IF YES, PLEASE EXPLAIN

HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES NO

IF YES, PLEASE EXPLAIN

EMPLOYMENT HISTORY

THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (49 CFR 391.21) REQUIRE THAT ALL APPLICANTS WILLING TO DRIVE A COMMERCIAL VEHICLE LIST ALL EMPLOYMENT FOR THE LAST THREE (3) YEARS. ***IN ADDITION, IF YOU HAVE DRIVEN A COMMERCIAL VEHICLE PREVIOUSLY, YOU MUST PROVIDE EMPLOYMENT HISTORY FOR AN ADDITIONAL SEVEN (7) YEARS (FOR A TOTAL OF TEN (10) YEARS). ANY GAPS IN EMPLOYMENT IN EXCESS OF ONE (1) MONTH MUST BE EXPLAINED.***

START WITH THE LAST OR CURRENT POSITION, INCLUDING ANY MILITARY EXPERIENCE, AND WORK BACKWARDS (ATTACH SEPARATE SHEETS IF NECESSARY). YOU ARE REQUIRED TO LIST THE COMPLETE MAILING ADDRESS, INCLUDING STREET NUMBER, CITY, STATE, ZIP; AND COMPLETE ALL OTHER INFORMATION.

CURRENT (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (INCLUDE MO/YR AND REASON)					

WHILE EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?	YES	NO
WAS THE JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DEPARTMENT OF TRANSPORTATION	YES	NO

SECOND (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD			FROM MO/YR		
				TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (INCLUDE MO/YR AND REASON)					

WHILE EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?	YES	NO
WAS THE JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DEPARTMENT OF TRANSPORTATION?	YES	NO

THIRD (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD			FROM MO/YR		
				TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (INCLUDE MO/YR AND REASON)					

WHILE EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?	YES	NO
WAS THE JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DEPARTMENT OF TRANSPORTATION?	YES	NO

EDUCATION					
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE (Y/N)	DETAILS
HIGH SCHOOL					
COLLEGE					
OTHER					

OTHER QUALIFICATIONS
PLEASE LIST ANY OTHER QUALIFICATIONS THAT YOU HAVE AND WHICH YOU BELIEVE SHOULD BE CONSIDERED.

TO BE READ AND SIGNED BY APPLICANT								
<p>I AUTHORIZE STOCKTON TOWING INC TO MAKE THE INVESTIGATIONS (INCLUDING CONTACTING CURRENT AND PRIOR EMPLOYERS) INTO MY PERSONAL, EMPLOYMENT, FINANCIAL, MEDICAL HISTORY, AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. 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.</p> <p>IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE COMPANY.</p> <p>I UNDERSTAND THAT THE INFORMATION I PROVIDE REGARDING MY CURRENT AND/OR PRIOR 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. I UNDERSTAND THAT I HAVE THE RIGHT TO:</p> <ul style="list-style-type: none"> • REVIEW INFORMATION PROVIDED BY CURRENT/PREVIOUS EMPLOYERS; • HAVE ERRORS IN THE INFORMATION CORRECTED BY PREVIOUS EMPLOYERS, AND FOR THOSE PREVIOUS EMPLOYERS TO RESEND THE CORRECTED INFORMATION TO THE PROSPECTIVE EMPLOYER; AND • 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. <p>THIS CERTIFIES THAT I COMPLETED THIS APPLICATION, AND THAT ALL ENTRIES ON IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. NOTE: A MOTOR CARRIER MAY REQUIRE AN APPLICANT TO PROVIDE MORE INFORMATION THAN THAT REQUIRED BY THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.</p>								
<table border="1"> <tr> <td>SIGNATURE</td> <td></td> <td>DATE</td> <td></td> </tr> <tr> <td>PRINTED NAME</td> <td colspan="3"></td> </tr> </table>	SIGNATURE		DATE		PRINTED NAME			
SIGNATURE		DATE						
PRINTED NAME								

Authorization to Obtain Motor Vehicle Record

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

1. Certifies that the undersigned is an employee, or has applied to become an employee of the below named employer in a position which involves the operation of a motor vehicle, and the undersigned gives his or her consent to the release of their driving record (MVR) for review by:

Stockton Towing Inc

2. That the undersigned authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.
3. That all information presented in this form is true and correct. The undersigned makes this certification and affirmation under the penalty of perjury and understands that knowingly making a false statement or representation on this form is a criminal violation.

Name of Employee/potential employee: _____

Print name as it appears on driver's license

License Number & State: _____

Date of Birth: ____/____/____

Signature of employee/Potential employee: _____

Date: _____

Employer Authorized Representative Name: _____

Authorized Representative Signature: _____

Date: _____