

## APPLICATION FOR EMPLOYMENT

**Dales Tow Service**  
 226 S. Blake • Olathe • KS • 66061  
 913-782-2289

**Name:** \_\_\_\_\_  
                     *First*                                    *Middle*    *Last*                                    *(Maiden)*                                    *Today's Date*

**Address:** \_\_\_\_\_  
                     *City*  *State*  *Zip*

**How long at this residence?** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Address for past three years?**

\_\_\_\_\_  
*Street*  *City*  *State*  *Zip*

\_\_\_\_\_  
*Street*  *City*  *State*  *Zip*

\_\_\_\_\_  
*Street*  *City*  *State*  *Zip*

*Attach sheet if more space is needed*

### Driver Experience and Qualifications

**Driver License** \_\_\_\_\_  
                                     *State*                                    *License Number*                                    *Type*                                    *Expiration date*

<i>Type</i> <i>Straight Truck, Cargo Van, Tractor &amp;/ Tanker, Flatbed, doubles, etc...</i>	<i>Local or Long haul</i>	<i>From date</i>	<i>To date</i>	<i>Approx. # of miles</i>

Accident record for past 3 years or more. If none, please write NONE.

	<i>Date</i>	<i>Nature of accident</i> <i>Head-on, rear-end, etc...</i>	<i>Fatalities</i>	<i>Injuries</i>	<i>Fault/citations issued</i>
<i>Last Accident</i>					
<i>Next Previous</i>					
<i>Next Previous</i>					

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

<i>Location</i>	<i>Date</i>	<i>Charge</i>	<i>Penalty</i>

*(Attach sheet if more space is needed)*

### Previous Employment Record

DOT requires that employment 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:**

Street	City	State	Zip
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 or NO
Was this job designated as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40?			YES or NO

**Last Employer:**

Street	City	State	Zip
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 or NO
Was this job designated as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40?			YES or NO

**Last Employer:**

Street	City	State	Zip
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 or NO
Was this job designated as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40?			YES or NO

**Last Employer:**

Street	City	State	Zip
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 or NO
Was this job designated as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40?			YES or NO

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

Yes \_\_\_\_\_ No \_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_

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:

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### To be read and signed by applicant

*"I hereby authorize any and all schools, former employers, references, motor vehicle reports, courts and any others who have information about me to provide such information to "companyname» 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.*

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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 (CFR391.23(j)(3)).*

*This certifies that I have read the driver applicant Due Process Right.*

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Applicant's signature

Date

## INQUIRY TO PAST EMPLOYERS

Applicant's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

I hereby authorize the release of all records of employment including assessments of job performance, ability and fitness, character, work, habits, performance, traffic offenses, credit, experience and reason for termination. Additionally, I authorize the release of all records regarding positive alcohol test results with a concentration result of 0.02 or greater, any positive controlled substances test results, any alcohol or controlled substance test refusal and information on any required substance abuse professional evaluation, determination of need for assistance and information for employment and release all such persons or companies supplying information from any liability.

Applicant's signature \_\_\_\_\_

date \_\_\_\_\_

The person named above had applied for employment as a Commercial Driver. The applicant as a past employer lists your firm. Please respond to this inquiry with 24 hours or by the end of the next working day, being factual and accurate as possible.



**Previous Employer to fill out**

Employment period from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ position held \_\_\_\_\_

Motor Vehicle Experience

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Company driver  | <input type="checkbox"/> Conventional tractor | <input type="checkbox"/> Dry van trailer     |
| <input type="checkbox"/> Owner-operator  | <input type="checkbox"/> Cab-over tractor     | <input type="checkbox"/> Specialized trailer |
| <input type="checkbox"/> Tractor-trailer | <input type="checkbox"/> Reefer trailer       | <input type="checkbox"/> Tow vehicle         |
| <input type="checkbox"/> Straight truck  | <input type="checkbox"/> Flat-bed             |  |

Commodities transported:	<b>Areas of operation: (Circle all that apply)</b> Continental US                      City (local) driving Canada                                      Regional
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**Accident history:**

Date	Type	Location	Preventable/ Non-preventable fatalities

**Substance abuse information: Within the past three (3) years has:**

This applicant tested positive for controlled substance?	YES	NO
This applicant tested with an alcohol concentration of 0.02 or higher?	YES	NO
This applicant refused a required controlled substance or alcohol test?	YES	NO

If yes to any of the above questions, please release any documentation relating to the SAP's evaluation, determination, and compliance and give the SAP's name, address and phone number.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

*Note: Failure to furnish information as required by 49 CFR 382.405 and 382.413 is a violation of the US Department of Transportation, Federal Motor Carrier Safety Administration. Failure to provide this information may result in a fine and/or civil liability.*

<b>Completed by:</b>	<b>Date:</b>	<b>Title</b>
<b>Company:</b>		<b>Phone No.</b>

**Dales Tow Service**

226 S. Blake  
Olathe, KS 66061  
913-782-2289

**HOURS OF SERVICE RECORD FOR FIRST TIME OR  
INTERMITTENT DRIVERS**

Instruction: When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (driving and on duty) during the immediate preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

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*Name (Print) first Middle Last*

<b>DAY</b>	<b>TOTAL TIME ON DUTY</b>
<i>1</i>	
<i>2</i>	
<i>3</i>	
<i>4</i>	
<i>5</i>	
<i>6</i>	
<i>7</i>	
<i>Total</i>	

I hereby certify that the information contained herein is true to the best of my knowledge and belief, and that my last period of release from duty was from

*TO*

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Hour/date Hour/date

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Applicant's signature Date

**Dales Tow Service**  
 226 S. Blake Olathe, KS 66061

**ANNUAL REVIEW OF DRIVING RECORD  
 AND MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS**

Motor carrier instructions: Each motor carrier shall at least once every twelve months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted or on account of which he/she has forfeited bond or collateral during the preceding twelve months (section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

Driver requirements: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation, which must be listed, he/she shall so certify (section 391.27) *The undersigned understands that a state motor vehicle report for all states will be obtained to review in accordance with CFR 391.27.*

**COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS**

<i>Name of Driver (Print)</i>	<i>Social Security Number</i>	<i>Date of Employment</i>	
<i>Home Terminal (City and State)</i>	<i>Drivers License Number</i>	<i>State</i>	<i>Expiration Date</i>

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted of forfeited bond or collateral during the past one year. *(If you have had no violations, please state that below)*

Date	Offense	Location	Type of vehicle

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violations (other than those I have provided under Part 383) required to be listed during the past twelve months.

<i>Date of Certification</i>	<i>Driver's Signature</i>
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**MOTOR CARRIER REVIEW OF DRIVING RECORD - TO BE FILLED OUT BY EMPLOYER**

Review the Certificate of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby review the driving record of the above-named driver in accordance with Section 391.25 and find that he/she (check on):

- Meets minimum requirements for safe driving
- Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe-driving performance

Action taken with driver \_\_\_\_\_

<b>Reviewed by Signature</b>	<b>Date</b>
<b>Printed Name</b>	<b>Title</b>

*Maintain this document in the DQ file. This document may be purged after three years from the date of execution.*

**Dales Tow Service**  
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Olathe, KS 66061  
913-782-2289

**SUBSTANCE ABUSE POLICY ACKNOWLEDGEMENT**

As a condition of employment, the undersigned is required to review and execute this acknowledgement form.

Applicant  
Initials  
  
\_\_\_\_\_

**Agreement to Submit to Substance Abuse Testing and Release of Such Records**

The undersigned does hereby agree to submit to substance abuse testing to determine the presence of controlled substances and/or Alcohol whenever deemed necessary. The undersigned holds harmless, its directors, officers, agents and shareholders from any and all claims and causes of action occurring from the undersigned submitting to substance abuse testing including the invasion of privacy, assault, or personal injury from whatsoever manner including fees, and expense arising there from. The undersigned knows and understands that medical qualifications must be met as a requirement for employment.

Applicant  
Initials  
  
\_\_\_\_\_

**Substance Abuse Policy Acknowledgement**

I have been provided a copy and advised that **Dales Tow Service** has adopted a substance abuse policy according to the Federal Motor Carrier Safety Administration CFR 382.601 for the purpose of maintaining a safe work environment and to protect company property and its employees.

I have read and understand this policy, including the consequences of policy violations for drug and alcohol misuse. I have had all questions answered to my satisfaction.

**Receipt of the "Employee Guide to D.O.T. Drug and Alcohol Testing"**

This will certify that I have received this date \_\_\_\_\_, 20\_\_ a copy of the education material relative and concerning the effects and rules governing "Alcohol and Drugs" as it pertains to the Department of Transportation and the Federal Highway Administration, Federal Motor Carrier Safety Administration, and the company policy applicable to Alcohol Abuse and Controlled Substance use.

I have read and fully understand and agree to the foregoing and I am seeking employment under these conditions. This certifies that the Agreement to Substance Abuse Testing, Substance Abuse Policy, and the Employee Guide to D.O.T. Drug and Alcohol Testing were read and reviewed by me.

<i>Signature</i>	<i>Date</i>
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## DRIVER PERSONAL DATA SHEET

<b>Driver name:</b>	
<b>Address:</b>	
<b>City, State Zip</b>	
<b>E-mail:</b>	
<b>Work Phone:</b>	
<b>Home Phone:</b>	
<b>Cell Phone:</b>	
<b>Pager:</b>	
<b>Birthday (month/day/year):</b>	
<b>Social Security Number:</b>	
<b>Original Hire Date:</b>	
<b>Emergency Contact:</b>	
<b>Emergency contact day phone:</b>	
<b>Emergency contact evening phone:</b>	



*Instructions: Copy this form onto company letterhead.*

### Mechanic Brake Certification

I, \_\_\_\_\_, hereby certify that I understand the brake service or inspection tasks assigned me and can competently perform such brake service or inspections by virtue of my training or experience in compliance with the regulations of the U.S. Department of Transportation for brake inspections contained in 49 CFR 396.25. I hereby agree to comply with all such governing brake service or inspections.

I am qualified to perform the following brake duties assigned by the motor carrier:

- \_\_\_\_\_ Adjust and inspect brakes
- \_\_\_\_\_ Replacement and repair of brake systems components

*By reason of one or more of the following requirements: (please check those that apply)*

	Successfully completed a State, Federal, Canadian, or Labor Union sponsored apprenticeship or training program, which qualifies me to perform brake service and/or inspections.
	One year of brake-related training and/or experience in brake or vehicle manufacturer or similar commercial training program designed to train in brake maintenance and/or inspect.
	One year experience performing brake maintenance and/or inspection similar to assigned duties at a commercial garage, fleet-leasing company, or similar facility.

\_\_\_\_\_  
Signature of Mechanic/Inspector

I, \_\_\_\_\_, hereby certify that \_\_\_\_\_ meets the requirements for a qualified brake inspector to perform the assigned brake maintenance task in compliance with the regulations of the U.S. Department of Transportation for qualified inspectors contained in 49 CFR Part 396.25.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

*This part to be filled-out by management*

Signature	Date
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*Instructions: Copy this form onto company letterhead.*

### Annual Vehicle Inspection Mechanic Certification

I, \_\_\_\_\_, hereby certify that I am knowledgeable in the requirements for performing an annual vehicle inspection and I can identify defective components in compliance with the regulations of the U.S. Department of Transportation for annual vehicle inspections contained in 49 CFR 396, Appendix G. I hereby agree to comply with all such governing annual vehicle inspections.

*A qualified inspector must meet one or more of the following requirements. (Please check those applicable)*

	Successfully completed a state or federal sponsored training program, which qualifies me to perform as a commercial vehicle safety inspector.
	One year of training and/or experience in truck manufacturer or similar commercially sponsored training designed to train in truck maintenance.
	One year experience as a mechanic or inspector in truck maintenance at a commercial garage, fleet-leasing or similar facility.
	One year experience as a commercial vehicle inspector for a state, provincial or federal government.

\_\_\_\_\_  
Signature of Mechanic/Inspector

I, \_\_\_\_\_, hereby certify that \_\_\_\_\_ meets the requirements for a qualified brake inspector to perform the assigned brake maintenance task in compliance with the regulations of the U.S. Department of Transportation for qualified inspectors contained in 49 CFR Part 396.25.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

*This part to be filled out by management*

Signature	Date
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TOW SERVICE

226 S. Blake Street Suite B Olathe, KS 66061

Dispatch (913) 782-2289 Fax (913) 782-5273

**Negligence of the Employee For Liability of Equipment**

**All employees are responsible for damage to ANY customer vehicle, trailer, toolbox etc. while on the hook, in transit or in the care of each driver at Dale's Tow Service.**

A "Preventable Accident" is one in which the driver failed to exercise every reasonable precaution to prevent the accident damage. This is irrespective of the property damaged and/or personal injury, to who it occurred or the location of the accident.

In order to avoid being involved in a preventable accident it is necessary for a driver to understand the concept of the practice "Defensive Driving". Defensive Driving is driving so as to prevent an accident in spite of the incorrect action of others or adverse driving conditions: such as weather, lighting, traffic, vehicles or road conditions, or the other driver's physical or mental state.

Damage to any vehicle, property or cargo, or injuries to persons are preventable. Each employee will be held responsible for damages due to negligence on their part.

I hereby acknowledge, understand and agree to the Negligence of the Employee for Liability of Equipment form. I have also received a copy for my records.

Employee signed \_\_\_\_\_ Print & Date \_\_\_\_\_

Manager Signed \_\_\_\_\_ Print & Date \_\_\_\_\_



Dale's Tow Service  
226 S Blake St  
Olathe, KS 66061  
913-782-2289

Re: Hand Held mobile devices.

To: All drivers,

US DOT Issues Final Rule Banning Cell Phone Use by Commercial Motor Vehicle Drivers. Please familiarize yourself with the attached Banning information. Pay special attention to the fines if you are stopped by DOT. These fines are yours!

It is our position that all drivers adhere to this regulation as well as all other DOT Regulations. Failure to comply may result in Termination of Employment.

Thanks,

Chelsey Leatherman

Date - \_\_\_\_\_

Driver Signature/ # - \_\_\_\_\_

