

**K&A TOWING AND RECOVERY**

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Employment Application

Date:

APPLICANT INFORMATION				
Last Name		First Name		M.I.
Address			D.O.B.	
City	State	Zip	Apt/Suite	
Phone		Email Address		
Date Available	S.S. #		Desired Pay	
Position Applied For				
Are you a U.S citizen? Yes___ No___ Are you authorized to work in U.S.? Yes___ No___				
Have you ever worked for this company Yes___ No___ If so, when:				
Have you ever been convicted of a felony Yes___ No___				

LICENSE INFORMATION			
Section 383.21 FMCSR states "No person who operates a commerical motor vehicle shall at any time have more than one driver's license". I certify I do not have more than one motor vehicle license, the information for which is listed below.			
State	License Number	Type	Expiration

DRIVING EXPERIENCE		
Straight Truck	Type of Equip(Van, Tank, Flat, etc)	For how long
Tractor Trailer	Type of Equip	For how long
Other	Type of Equip	For how long

ACCIDENT RECORD for past 3 years or more (Attach sheet if more space is needed)			
Date	Nature of Accident	# of Injuries	Penalty

TRAFFIC CONVICTIONS AND FORFEITURES for past 3 years, other than parking violations			
Date	Violation	State of Violation	Penalty

(Attach sheet if more space needed)

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Y\_\_\_ N\_\_\_  
 If yes, explain

\_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? Y\_\_\_ N\_\_\_  
 If yes, explain

\_\_\_\_\_

PREVIOUS EMPLOYMENT - 3 Most Recent Employers			
Company 1		Phone	
Address		Supervisor	
Job Title	Starting Salary		Ending Salary
From	To	Reason for Leaving	
Responsibilities			
May we contact your previous employer for a reference			
Company 2		Phone	
Address		Supervisor	
Job Title	Starting Salary		Ending Salary
From	To	Reason for Leaving	
Responsibilities			
May we contact your previous employer for a reference			

PREVIOUS EMPLOYMENT (Continued)			
Company 3		Phone	
Address		Supervisor	
Job Title	Starting Salary		Ending Salary
From	To	Reason for Leaving	
Responsibilities			
May we contact your previous employer for a reference			

EDUCATION			
High School		Address	
From	To	Did you graduate	Degree
College		Address	
From	To	Did you graduate	Degree

REFERENCES - <i>Please list 3 professional, non-family references</i>	
Full Name	Relationship
Address	
Phone	Years known
Full Name	Relationship
Address	
Phone	Years known
Full Name	Relationship
Address	
Phone	Years known

**MOTOR VEHICLE DRIVER'S  
Certification of Violations/Annual Review of Driving Record**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employes to prepare and furnish it with alist of 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 he/she has forfeited bond or collateral during the preceding 12 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 carrie 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).

**COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS**

Name of Driver:	S.S. #	Date of Employment
Home Terminal (City & State)	D.L. #	State

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 or forfeited bond or collateral during the past 12 months. **If you have had no violations, check the following box - \_\_\_ None**

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 violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification \_\_\_\_\_ Driver's Signature \_\_\_\_\_

**COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD**

MOTOR CARRIER INSTRUCTIONS: Review the Certification 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 reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

\_\_\_ Meets minimum requirements for safe driving      \_\_\_ Is disqualified t o drive a motor vehicle pursuant to Section 391.15

\_\_\_ Does not adequately meet satisfactory safe driving performance

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

Reviewed by: \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Motor Carrier Name

Motor Carrier Address

**Motor Vehicle Driver's  
CERTIFICATION OF COMPLIANCE WITH DRIVER  
LICENSE REQUIREMENTS**

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

1) **POSSESS ONLY ONCE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements.

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release

Signature

Date

**FOR OFFICE USE ONLY**

DL Submitted to Insurance Co.

Ok w/ Insurance

If no, why

Date submitted to HireRight

Approved by HireRight

If no, why

Interviewed by:

Date of hire:

Position:

Date of termination:

Reason for termination:

Notes: