

# CDC Repair & Towing, LLC

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## EMPLOYMENT APPLICATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

DATE AVAILABLE TO START: \_\_\_\_\_ FULL TIME PART TIME

**\*INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED\***

### Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (First) (Middle) (Last) (MM/DD/YYYY)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 (Home) (Cell)

Date Available to Start: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
 (MM/DD/YYYY) (xxx-xx-xxxx)

Drivers License: \_\_\_\_\_ Inspection License: Y or N  
 (State) (Number) (Class) (Expiration Date)

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed above. Initials \_\_\_\_\_

Current Address: \_\_\_\_\_ How Long: \_\_\_\_\_  
 (Street Address) (Years) (Months)

\_\_\_\_\_  
 (City) (State) (Zip)

Previous Address: \_\_\_\_\_  
 (Street Address) (City) (State) (Zip) (Yrs) (Mos)

Previous Address: \_\_\_\_\_  
 (Street Address) (City) (State) (Zip) (Yrs) (Mos)

Three Years Residency is Required-Attach Additional Sheets if More Space is Needed.

### Personal References

A Personal Reference is one that you have known at least one year, that is not related to you & that is not a former employer. Three references are required.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Education

High School: \_\_\_\_\_  
(Name of School) (City & State)

Course of Study: \_\_\_\_\_ Years Completed: \_\_\_\_\_ Diploma: Y or N \_\_\_\_\_  
(Year)

Vocational School: \_\_\_\_\_  
(Name of School) (City & State)

Course of Study: \_\_\_\_\_ Years Completed: \_\_\_\_\_ Diploma: Y or N \_\_\_\_\_  
(Year)

College: \_\_\_\_\_  
(Name of School) (City & State)

Years Completed: \_\_\_\_\_ Degree Earned: Y or N Type: \_\_\_\_\_  
(Year)

### Military Background

Branch: \_\_\_\_\_ Dates: \_\_\_\_\_

Status: \_\_\_\_\_ Special Skills: \_\_\_\_\_

Discharge: \_\_\_\_\_ Awards: \_\_\_\_\_  
(Honorable/Dishonorable)

### Special Skills/Awards

Skill/Award: \_\_\_\_\_ Date Earned: \_\_\_\_\_

Skill/Award: \_\_\_\_\_ Date Earned: \_\_\_\_\_

Skill/Award: \_\_\_\_\_ Date Earned: \_\_\_\_\_

### Volunteer Work

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_

## Employment History

**Additional Employment History Sheets Available if Needed**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on ALL employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

**Must List Complete Mailing Address**

**List in Chronological Order Beginning with the Most Recent**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Complete Legal Business Name)

Address: \_\_\_\_\_  
(Complete Street Address) (City) (State) (Zip)

Position Held: \_\_\_\_\_ Dates: \_\_\_\_\_  
(Most Recent Job Title) (Starting) (Ending)

Supervisor Name: \_\_\_\_\_ Wages: \_\_\_\_\_  
(Name of Direct Supervisor) (Final Pay Rate)

Reason for Separation: \_\_\_\_\_  
(Quit/Fired/Lay Off.....and Why?)

Any Gaps in Employment and/or Unemployment Must Be Explained. Include Dates (Month/Year) and a Reason: \_\_\_\_\_

Were You Subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES or NO  
 Was the Previous Job Position Designated as a Safety Sensitive Function in any DOT Regulated Mode, Subject to Alcohol & Controlled Substances Testing Requirements as Required by 49 CFR Part 40? YES or NO

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Complete Legal Business Name)

Address: \_\_\_\_\_  
(Complete Street Address) (City) (State) (Zip)

Position Held: \_\_\_\_\_ Dates: \_\_\_\_\_  
(Most Recent Job Title) (Starting) (Ending)

Supervisor Name: \_\_\_\_\_ Wages: \_\_\_\_\_  
(Name of Direct Supervisor) (Final Pay Rate)

Reason for Separation: \_\_\_\_\_  
(Quit/Fired/Lay Off.....and Why?)

Any Gaps in Employment and/or Unemployment Must Be Explained. Include Dates (Month/Year) and a Reason: \_\_\_\_\_

Were You Subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES or NO  
 Was the Previous Job Position Designated as a Safety Sensitive Function in any DOT Regulated Mode, Subject to Alcohol & Controlled Substances Testing Requirements as Required by 49 CFR Part 40? YES or NO

### Employment History (Cont.)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on ALL employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

**Must List Complete Mailing Address**

**List in Chronological Order Beginning with the Most Recent**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 (Complete Legal Business Name)

Address: \_\_\_\_\_  
 (Complete Street Address) (City) (State) (Zip)

Position Held: \_\_\_\_\_ Dates: \_\_\_\_\_  
 (Most Recent Job Title) (Starting) (Ending)

Supervisor Name: \_\_\_\_\_ Wages: \_\_\_\_\_  
 (Name of Direct Supervisor) (Final Pay Rate)

Reason for Separation: \_\_\_\_\_  
 (Quit/Fired/Lay Off.....and Why?)

Any Gaps in Employment and/or Unemployment Must Be Explained. Include Dates (Month/Year) and a Reason: \_\_\_\_\_

Were You Subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES or NO  
 Was the Previous Job Position Designated as a Safety Sensitive Function in any DOT Regulated Mode, Subject to Alcohol & Controlled Substances Testing Requirements as Required by 49 CFR Part 40? YES or NO

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 (Complete Legal Business Name)

Address: \_\_\_\_\_  
 (Complete Street Address) (City) (State) (Zip)

Position Held: \_\_\_\_\_ Dates: \_\_\_\_\_  
 (Most Recent Job Title) (Starting) (Ending)

Supervisor Name: \_\_\_\_\_ Wages: \_\_\_\_\_  
 (Name of Direct Supervisor) (Final Pay Rate)

Reason for Separation: \_\_\_\_\_  
 (Quit/Fired/Lay Off.....and Why?)

Any Gaps in Employment and/or Unemployment Must Be Explained. Include Dates (Month/Year) and a Reason: \_\_\_\_\_

Were You Subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES or NO  
 Was the Previous Job Position Designated as a Safety Sensitive Function in any DOT Regulated Mode, Subject to Alcohol & Controlled Substances Testing Requirements as Required by 49 CFR Part 40? YES or NO

### Criminal Background

Due to several of the commercial contracts held by CDC Repair & Towing, LLC, criminal background checks are required to be reviewed regularly. In the spaces below, please provide information about ALL of the charges that will be listed on your Criminal Background Report:

Date	Charge	Offense
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If no Violations are Listed Above, I Certify that I have NOT Been Convicted of any Crimes that Would Become Part of My Criminal Record. Criminal Records are Obtained using PATCH and the PASP, as well as HireRight, a Service Contracted by AAA Emergency Services and that is Required of all Company Employees that would come in Contact with AAA Members.

\_\_\_\_\_  
(Date of Certification)

\_\_\_\_\_  
(Applicant's Signature)

### Applicant Must Read & Sign

-I authorize you to make sure investigations and inquiries to my personal, employment, criminal, 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 application.

Initials: \_\_\_\_\_

-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, also, that I am required to abide by all rules and regulations of the Company.

Initials: \_\_\_\_\_

-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).

Initials: \_\_\_\_\_

-I understand that I have the right to:

- Review Information Provided by Current/Previous Employers Initials: \_\_\_\_\_
- Have Errors in the Information Corrected by Previous Employers and for Those Previous Employers to Resend the Corrected Information to the Prospective Employer Initials: \_\_\_\_\_
- 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 Initials: \_\_\_\_\_

This Certifies that I Completed this Application, and that ALL Entries on it and Information in it are True and Complete to the Best of My Knowledge.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant Signature)

**Motor Vehicle Violations—Driver’s Certification**

\*\*\* To Be Completed by Applicants Applying for Towing Positions \*\*\*

I Certify that the Following is a True & Complete List of Traffic Violations (non-parking violations) for which I have been Convicted or Forfeited Bond or Collateral During the Past 12 Months.

Date	Offense	Location	Type of Vehicle
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no Violations are Listed Above, I Certify that I have NOT Been Convicted or Forfeited Bond or Collateral on Account of any Violation Required to be Listed During the Past 12 Months.

\_\_\_\_\_  
(Date of Certification)

\_\_\_\_\_  
(Driver’s Signature)

\_\_\_\_\_  
(Motor Carrier’s Name)

\_\_\_\_\_  
(Motor Carrier’s Address)

\_\_\_\_\_  
(Reviewed by: Title)

\_\_\_\_\_  
(Reviewed by: Signature)