



EMPLOYMENT APPLICATION

Classic Towing is an equal opportunity employer and as required by law does not discriminate in employment on the basis of race, sex, religion, or age.

This application will be given every consideration, but its receipt does not imply employment. Any offer of employment with this company is contingent on the applicant proving he or she has the proper driver's license to drive a light-duty tow truck (minimum C-Class) or heavy duty wrecker (Class A CDL with endorsements) in the state of Illinois and successfully take and pass a medical examination, a pre-placement drug test, and any background check that the Illinois Commerce Commission or the police department of any municipality that Classic Towing serves may require. All driving applicants must provide a copy of their MVR (Motor Vehicle Report).

Applicant Information (Required for all positions)

Last Name: _____ First Name: _____ Middle Initial: _____

Three years of residency is required by FMSCA:

Street Address: _____ Apartment/Unit #: _____

City: _____ State: _____ Zip Code: _____ # Years: _____

Previous address(s): (if you have not resided at the above address for at least 3 years)

Street Address: _____ Apartment/Unit #: _____

City: _____ State: _____ Zip Code: _____ # Years: _____

Street Address: _____ Apartment/Unit #: _____

City: _____ State: _____ Zip Code: _____ # Years: _____

Phone: _____ Cell Phone: _____ Do you have a smart phone? Yes No

Have you ever used the Dispatch Anywhere application? Yes No

Email: _____

Date Available: _____ Last 4 of SS#: _____

Do you have a current DOT medical examiner's certificate? Yes No

Are you a citizen of the United States? Yes No

If no, are you authorized to work in the United States? Yes No

Have you ever been convicted of a felony? Yes No

If yes, explain: _____

Have you ever been convicted of a DUI? Yes No If yes, When? _____

Do you use illegal drugs? Yes No

Do you have any drug or alcohol related convictions? Yes No

If yes, explain? _____

Do you have experience working as a tow truck driver? Yes No

Tow Company 1: _____ When? _____

Tow Company 2: _____ When? _____

Tow Company 2: _____ When? _____

Do you have experience working as dispatcher for a towing company? Yes No

Tow Company 1: _____ When? _____

Tow Company 2: _____ When? _____

Tow Company 2: _____ When? _____

Driving Information (Required for all driving positions)

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 below.

Driver’s license #: _____ State: _____

D/L Class: _____ D/L Endorsements: _____

Have you ever had a driver license in another state? Yes No

Where: _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

If yes, when: _____ Explanation: _____

Has any license, permit, or privilege ever been suspended or revoked? Yes No

If yes, when: _____ Explanation: _____

Accident record for past 3 years

DATE	Location	Nature of accident (head-on, rear-end, single vehicle collision, etc.)	# Fatalities	# Injuries	Chemical Spills	
					Yes	No
					Yes	No
					Yes	No
					Yes	No

Traffic convictions and forfeitures for the past year (other than parking violations)

Date convicted	Violation	State of violation	Penalty

List the types of trucks and class that you have experience driving:

Education (Required for all positions)

High School: _____ City _____ State _____

From: _____ To: _____ Did you graduate? Yes No

College: _____ City _____ State _____

From: _____ To: _____ Did you graduate? Yes No

Major: _____ Minor: _____ Degree: _____

Towing Certifications (WreckMaster, TRAA, Military, etc.): _____

Date: _____ Level: _____

Work Experience (Required for all positions)

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).

Company: _____

Employment From: _____ To: _____

Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor: _____ Job Title: _____

Starting Salary (Commission, hourly, bonus, straight salary): _____

Ending Salary (Commission, hourly, bonus, straight salary): _____

Were you subject to the Federal Motor Carrier Regulations (FMCSRs) while employed by the previous employer?

Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?

Yes No

Responsibilities: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Explain any gaps in employment and/or unemployment. Include dates and reason: _____

Company: _____

Employment From: _____ To: _____

Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor: _____ Job Title: _____

Starting Salary (Commission, hourly, bonus, straight salary): _____

Ending Salary (Commission, hourly, bonus, straight salary): _____

Were you subject to the Federal Motor Carrier Regulations (FMCSRs) while employed by the previous employer?

Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?

Yes No

Responsibilities: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Explain any gaps in employment and/or unemployment. Include dates and reason: _____

Company: _____

Employment From: _____ To: _____

Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor: _____ Job Title: _____

Starting Salary (Commission, hourly, bonus, straight salary): _____

Ending Salary (Commission, hourly, bonus, straight salary): _____

Were you subject to the Federal Motor Carrier Regulations (FMCSRs) while employed by the previous employer?

Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?

Yes No

Responsibilities: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Explain any gaps in employment and/or unemployment. Include dates and reason: _____

Company: _____

Employment From: _____ To: _____

Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor: _____ Job Title: _____

Starting Salary (Commission, hourly, bonus, straight salary): _____

Ending Salary (Commission, hourly, bonus, straight salary): _____

Were you subject to the Federal Motor Carrier Regulations (FMCSRs) while employed by the previous employer?

Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?

Yes No

Responsibilities: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Explain any gaps in employment and/or unemployment. Include dates and reason: _____

References (Required for all positions)

Please list three **professional** references.

Full Name: _____

Relationship: _____ Company: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

Full Name: _____

Relationship: _____ Company: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

Full Name: _____

Relationship: _____ Company: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

Supplemental Information (Optional)

The following questions are optional, however, applicants that take the time to answer the below questions will be given first consideration over applicants who do not. All questions will require answers at the time of interview.

Have you ever worked on an "on-call" basis? Please explain:

Have you ever worked on commission? Please explain:

What type of salary are you expecting? _____

List any transportation related training you may possess (schools, certifications, on-the-job training, etc.):

List any towing related training you may possess (schools, certifications, on-the-job training, etc.):

List any towing equipment or technical materials that you have experience working with:

List the duties of a tow truck driver (separate each duty with a comma):

Briefly describe the procedure for hooking up a vehicle on a flat-bed carrier and the concerns a driver should be aware of:

Briefly describe the procedure for loading a vehicle on the wheel-lift of a carrier and the concerns a driver should be aware of:

How can you load a vehicle with heavy front-end damage and no tires onto the wheel-lift of a carrier?

What type of equipment is needed and what is the procedure for loading a vehicle that is unable to go into the neutral gear onto the bed of a carrier?

How do you load and unload a vehicle with a broken ball joint onto the bed of a carrier without causing further damage?

Briefly describe the procedure for hooking up a vehicle on a self-loader and the concerns a driver should be aware of:

Briefly describe the procedure for hooking up a vehicle on a self-loader in which the vehicle has suspension damage, a broken ball joint, or any other situation in which the vehicle is sitting lower than it should be and the concerns a driver should be aware of:

Briefly describe the procedure for hooking up a heavy duty vehicle on a heavy duty wrecker and the concerns a driver should be aware of:

List the personal and professional traits you feel a good tow truck driver should have (separate each trait with a comma):

Our ideal applicant is highly motivated to earn a large commission and produce revenue for the company by safely completing as many tows as possible, day or night and in any weather condition. Does this describe you? Please elaborate:

The single most important thing to Classic Towing is customer service and relations. Based on this statement, what do you bring to the table for 1) private retail customers, 2) corporate customers, and 3) police officers?

List the major safety concerns of a tow truck driver and the towing industry in general:

Describe a problem you have encountered working as a tow truck driver and how did you solve it (if n/a then in another job) :

Describe how you would handle an upset customer, police officer, or dispatch personnel?

Have you ever towed a rolled over vehicle? _____ If yes, list what equipment is needed and briefly describe the procedure:

What type of equipment is needed to divert the direction of the winch cable/wire rope?

What does it mean to be a team player?

You just damaged a vehicle. What are you going to do?

You just damaged a vehicle or company equipment. What do you feel your responsibility is in regards to the costs of the damage?

Where do you see yourself in five years?

What is stressful about being a tow truck driver?

Explain how you deal with a high stress environment:

Complete the following statement: In towing _____ is money.

Have you ever processed credit card transactions? _____ Can you operate a GPS unit? _____

A current DOT medical certificate is required for employment, if you do not have one are you willing to get one at your own expense?

Yes No

Have you ever had a work related injury or been involved in an accident while working as a tow truck driver? _____

If yes, what happened and what could you have done differently? _____

Are you willing to be "on-call" for a 24-hour police towing shift? Yes No

Can you park a tow truck at your residence? _____

Are you going to wake up to do a tow at 3:00 a.m. on a cold snowy night in January? _____

Approximately how many days did you miss from work in the last two years? (this will be verified) _____

Are you able to stand and walk for long periods of time? _____

Can you lift at least 50 pounds without assistance? _____

Do you need any accommodations to perform any duty of a tow truck driver? _____

If yes, what accommodations are required? _____

If hired will you make a commitment to keep the interior and exterior of your tow truck clean? _____

Upload Supplemental Materials, Disclaimer and E Signature

TO BE READ AND SIGNED BY APPLICANT:

I authorize Classic Towing to make investigations and inquiries into my personal, employment, criminal, financial, and medical history and any other matters that 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.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand, also, that I am required to abide by all rules and regulations of Classic Towing and that Illinois is an "employment at-will" state, meaning that an employer or employee may terminate the relationship at any time, without any reason or cause. I understand that if hired my employment will be on an "at-will" basis.

I consent to a pre-employment drug screening and understand that I can be drug tested randomly at any point throughout my employment.

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 investigation my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send 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.

Type full name (E-Signature): _____ Date: _____

My E-Signature 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.

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

Ink Signature (To be signed at time of interview): _____ Date: _____

ATTATCH REQUIRED DOCUMENTS:

1. Driver license (Minimum of C- Class Required)
2. Motor Vehicle Report (MVR)
3. DOT Medical Certificate

I will provide this at time of interview

I will provide this at time of interview

I will provide this at time of interview