

Jordan Towing, Inc.

601 Digital Drive  
Plano, Tx. 75075

SSN
TDLR NUMBER

## APPLICATION FOR EMPLOYMENT

Name: FIRST-MIDDLE-LAST (AS IT APPEARS ON SOCIAL SECURITY CARD)		SOCIAL SECURITY NO	TODAY'S DATE
FORMER NAME	HOME PHONE (AREA CODE)	CELL PHONE (AREA CODE)	

E-mail \_\_\_\_\_

List below all address at which you have lived in the last five (5) years. Start with your present address.	STREET ADDRESS	CITY	STATE	ZIP CODE	DATE	
					FROM	TO
PRESENT ADDRESS						
PREVIOUS ADDRESS						
PREVIOUS ADDRESS						
PREVIOUS ADDRESS						
PREVIOUS ADDRESS						

SELECT THE JOB YOUR ARE APPLYING FOR - PLEASE CHECK ONLY ONE FROM THIS LIST

Tow truck driver     
  Dispatcher     
  Sales Position

Other \_\_\_\_\_

WHAT RATE OF PAY DO YOU EXPECT \_\_\_\_\_ IF HIRED WHEN COULD YOU BEGIN TO WORK \_\_\_\_\_

DESCRIBE THE TYPE OF WORK YOU WANT   
  FULL TIME     
  ON CALL     
  PART TIME     
  ANY OF THESE

AVAILABILITY  
ARE YOU ABLE TO WORK ANY DAY OF THE WEEK AND ANY SHIFT DURING THE DAY   
  YES     
  NO

IF NO, WHAT DAY(S) OF THE WEEK OR SHIFT(S) DURING THE DAY CAN YOU WORK? \_\_\_\_\_

EDUCATION	CIRCLE HIGHEST LEVEL ACHIEVED	GRADUATED /GED YES / NO	MAJOR	DEGREE RECEIVED
ELEMENTARY	1 2 3 4 5 6	_____	_____	_____
JR/SR HIGH SCHOOL	7 8 9 10 11 12	_____	_____	_____
TECHNICAL SCHOOL (NAME)	1 2 3	_____	_____	_____
COLLEGE (NAME) _____	1 2 3 4	_____	_____	_____
COLLEGE (NAME) _____	1 2 3 4	_____	_____	_____
OTHER (NAME) _____	1 2 3 4	_____	_____	_____

HAVE YOU PREVIOUSLY APPLIED AT OR BEEN EMPLOYED BY JORDAN TOWING SERVICE UNDER YOUR PRESENT OR ANY OTHER NAME		<input type="checkbox"/> APPLIED <input type="checkbox"/> EMPLOYED <input type="checkbox"/> NEITHER	INDICATE NAME USED WHEN APPLYING OR EMPLOYED		ARE YOU AT LEAST 18 YEARS OF AGE <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO STATE YOUR AGE:	
POSITION HELD OR APPLIED FOR	LOCATION	DATE APPLIED	IF PREVIOUSLY EMPLOYED BY A JORDAN TOWING SERVICE COMPANY COMPLETE THIS SECTION				
			DATE HIRED	DATE LEFT	REASON FOR LEAVING		
DO YOU KNOW ANYONE EMPLOYED BY JORDAN TOWING SERVICE		<input type="checkbox"/> YES <input type="checkbox"/> NO	WHO?	FIRST AND LAST NAMES	POSITION	LOCATION	RELATIONSHIP
ARE YOU RELATED BY BLOOD OR MARRIAGE TO ANYONE EMPLOYED BY JORDAN TOWING SERVICE		<input type="checkbox"/> YES <input type="checkbox"/> NO					
PROVIDE THE NAME OF THE INDIVIDUAL OR ORGANIZATION THAT REFERRED YOU							

NAME: FIRST-MIDDLE-LAST AS IT APPEARS ON YOUR SOCIAL SECURITY CARD

**EMPLOYMENT, EDUCATION, AND MILITARY RECORD, ETC.:** LIST PRESENT AND ALL PREVIOUS EMPLOYMENT, MILITARY SERVICE AND EDUCATIONAL EXPERIENCE DURING THE PAST TEN (10) YEARS. INCLUDE ALL PERIODS OF UNEMPLOYMENT LASTING SIX MONTHS OR MORE.

ARE YOU CURRENTLY EMPLOYED?  YES  
 NO

PRESENT EMPLOYER _____ MONTH/YEAR HIRED: _____ May we contact your current employer <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMPANY NAME _____	
ADDRESS _____	
CITY _____	STATE _____ ZIP: _____ COUNTY: _____
PHONE _____	SUPERVISOR NAME AND TITLE _____
TYPE OF BUSINESS _____	
YOUR POSITION: _____	DID YOU DRIVE A VEHICLE OVER 26,001LBS <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR APPLYING WITH JORDAN TOWING: _____ RATE OF PAY: _____	
FORMER EMPLOYER _____ MONTH/YEAR HIRED: _____ Month/year separated: _____	
COMPANY NAME _____	
ADDRESS _____	
CITY _____	STATE _____ ZIP: _____ COUNTY: _____
PHONE _____	SUPERVISOR NAME AND TITLE _____
TYPE OF BUSINESS _____	
YOUR POSITION: _____	DID YOU DRIVE A VEHICLE OVER 26,001LBS <input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for leaving <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged	
Explain in detail _____	
FORMER EMPLOYER _____ MONTH/YEAR HIRED: _____ Month/year separated: _____	
COMPANY NAME _____	
ADDRESS _____	
CITY _____	STATE _____ ZIP: _____ COUNTY: _____
PHONE _____	SUPERVISOR NAME AND TITLE _____
TYPE OF BUSINESS _____	
YOUR POSITION: _____	DID YOU DRIVE A VEHICLE OVER 26,001LBS <input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for leaving <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged	
Explain in detail _____	
FORMER EMPLOYER _____ MONTH/YEAR HIRED: _____ Month/year separated: _____	
COMPANY NAME _____	
ADDRESS _____	
CITY _____	STATE _____ ZIP: _____ COUNTY: _____
PHONE _____	SUPERVISOR NAME AND TITLE _____
TYPE OF BUSINESS _____	
YOUR POSITION: _____	DID YOU DRIVE A VEHICLE OVER 26,001LBS <input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for leaving <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged	
Explain in detail _____	
FORMER EMPLOYER _____ MONTH/YEAR HIRED: _____ Month/year separated: _____	
COMPANY NAME _____	
ADDRESS _____	
CITY _____	STATE _____ ZIP: _____ COUNTY: _____
PHONE _____	SUPERVISOR NAME AND TITLE _____
TYPE OF BUSINESS _____	
YOUR POSITION: _____	DID YOU DRIVE A VEHICLE OVER 26,001LBS <input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for leaving <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged	
Explain in detail _____	

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Have you ever served in the U.S. Military or Armed Forces?  Yes  No If yes, what branch \_\_\_\_\_  
 Your primary specialty: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Have you ever been convicted of a crime involving alcohol or other controlled substance, arson, explosives, firearms, or other weapons, theft, dishonesty, threats, or violence under your current or any other name?  Yes  No If yes describe below

*Note: A conviction will not necessarily prevent you from being offered employment.*

Offense: \_\_\_\_\_  
 Date Convicted: \_\_\_\_\_ Penalty \_\_\_\_\_ Disposition \_\_\_\_\_  
 Occurred in the workplace:  Yes  No Name under which you were convicted \_\_\_\_\_

Offense: \_\_\_\_\_  
 Date Convicted: \_\_\_\_\_ Penalty \_\_\_\_\_ Disposition \_\_\_\_\_  
 Occurred in the workplace:  Yes  No Name under which you were convicted \_\_\_\_\_

### Clerical and Dispatching

Place a check next to all the skills or types of work in which you have had training or experience indicate the number of years training/experience for each skill/type of work.

Skill	Training		Experience		Skill	Training		Experience		Skill	Training		Experience	
	X	YRS.	X	YRS.		X	Yrs	X	Yrs		X	Yrs	X	Yrs
Typing WPM					Dispatch					Cashier				
Shorthand WPM					Switch Board									
Computer Word Processing					Accounts Payable									
Computer Spread Sheet					Accounts Receivable									

LIST THE COMPUTER PROGRAMS AND EQUIPMENT WITH WHICH YOU ARE FAMILIAR:

NAME: FIRST-MIDDLE-LAST AS IT APPEARS ON YOUR SOCIAL SECURITY CARD

Date of Birth

**DRIVER APPLICATION ONLY**

State number of years driving experience in each category			List States You have driven in regularly
Type of Vehicle	Years Experience		
	Gas	Diesel	Other
Straight Truck			
Tow Truck			
Roll-back			
Light duty			
Medium Duty			
Heavy Duty			
Tractor Trailer			
Double			
Single			
Triple			
Car Carrier			
5th Wheel			
Stinger Steer			

List unexpired personal and Commercial Drivers Licenses or Permits				
License Number	State	Date Issued		Type
		Issued	Expires	

List All Current Endorsements:

Indicate any awards you have received for safe driving and from whom:

Have you Ever had either your personal or Commercial Driver's License, permit or privileges denied, revoked or suspended?							
Denied	Revoked	Suspended	Type of License	Date	State	For How Long	Reason

Have you been convicted or forfeited bond or collateral for violation of Motor Vehicle Laws or Ordinances (other than parking) During the past four (4) years prior to the date of this application.				<input type="checkbox"/> Yes	If Yes, complete below.
Date	Nature of Violation	State	Penalty	Points	

Have you ever had any Commercial Motor Vehicle Accidents		<input type="checkbox"/> Yes	List below all accidents you have had while operating any type of motor vehicle during the past five (5) years:	Where	Type		
Date	Nature of Accident	No. of Deaths	No. of Injuries	on road	off road	prevent	non-prevent

Have you ever refused to be tested or tested positive on an alcohol or controlled substances test based on DOT Federal Motor Carrier Safety Regulations in the past 3 years?  Yes  No  
 If yes, can you provide Documentation from the substance abuse professional certifying that you have successfully completed the prescribed treatment and have been recommended to a DOT regulated safety sensitive position as specified in the Federal Motor Carrier Safety Regulations?  Yes  No

Date of Last DOT Physical _____	IF KNOWN PLEASE PROVIDE
Did you qualify? <input type="checkbox"/> Yes <input type="checkbox"/> No	Doctor's Name _____
Any Restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No	Doctor's Address _____
	Doctor's Phone _____

Pursuant to the Provisions of paragraph (b) (10) of Section 391.21 of the Federal Motor Carrier Safety Regulations you are hereby Notified that if you are to be considered for employment by Jordan Towing, Inc. The information which you have provided in Accordance with this paragraph may be used, and your prior employers may be contacted for the purpose of investigating your background as required by Section 391.23.

*Driver Applicant Signature* \_\_\_\_\_ Date \_\_\_\_\_

NAME: FIRST-MIDDLE-LAST AS IT APPEARS ON YOUR SOCIAL SECURITY CARD

This Application will remain active for a period of three (3) months from the date of application.

All applicants must read and sign below:

It is agreed and understood that:

- 1 Completing this application will in no way assure that I will be employed.
- 2 This application was completed by me; all entries on it and information in it are true and complete to the best of my knowledge and any misrepresentations of information given shall be considered an act of dishonesty subjecting me to disqualification or discharge. I will furnish freely such information or documents that may be required to complete my employment file.
- 3 In consideration of my being considered for employment and or being employed I hereby agree to submit to physical examination and tests as may be required by the Company, and I do hereby (1) grant release and assign unto Jordan Towing, Inc. all rights, title and interest that I may subsequently acquire in all records and reports arising out of or in connection with said examinations and tests and (2) waive all rights to be advised on the content of said records and reports or to receive copies thereof, without prior written consent of Jordan Towing, Inc.
- 4 If employed, I agree (1) to conform to the rules and regulations of Jordan Towing, Inc. and (2) that my employment relationship with Jordan Towing, Inc. voluntarily and acknowledge that there is no specified length of employment. Accordingly, either I or the company can terminate the relationship at will, for any reason, with or without cause, at any time. I further understand and agree that consistent with this policy of at-will employment, the Company can discipline, demote or suspend me or decrease my pay as it sees fit, at its sole and absolute discretion, with or without advance warning. I understand that the terms and conditions herein set forth may only be modified by written agreement jointly executed by myself and the President of the Company.
- 5 If employed, I do hereby grant Jordan Towing, Inc., a nonexclusive right to practice any invention or device which I may conceive, develop or perfect using Company resources (such as time/or materials) during the period of my employment and to duplicate the invention or device as often as it may find occasion to do so in its business.

I hereby authorize Jordan Towing, Inc., or its agents (1) to investigate my previous record of employment to ascertain any and all information which may concern my record whether same is of record or not and I release my former employer from all liability for any damage on account of furnishing such information; (2) to investigate my previous scholastic record, and pursuant to the Family Educational Rights and Privacy Act of 1974, I authorize release of my education records by any educational agency or institution which I have attended; (3) to secure an investigative consumer report pursuant to Section 606 of the Fair Credit Reporting Act, including information as to my character, general reputation, personal characteristics and mode of living, whichever are applicable, provided that I may receive the name and address of the investigating consumer reporting agency from whom I may make a written request to receive full disclosure of any such investigative consumer report to receive same; and (4) to investigate my background and obtain such other information lawfully available to Jordan Towing, Inc. as it deems appropriate and I release the supplier of such information from all liability for any damage that may result from releasing such information.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Jordan Towing, Inc. Equal Employment Opportunity Policy

It is Jordan Towing, Inc.'s policy to select the best-qualified person for each position in the company. The Company will not discriminate against any applicant because of race, creed, color, religion, sex, age, national origin, handicap, marital status or veteran status. This policy applies to all employment practices and personnel actions.

Recognizing the value of using human resources to their fullest, the Company has developed and instituted policies and procedures to ensure that it will (a) Recruit, hire, train and promote persons, in all job classifications without regard to age, race, color, religion, national origin, sex or physical or mental handicap, (b) Base decisions on employment to further the principal of equal employment opportunity (c) Base promotion decisions on principles of equal opportunity by imposing only valid requirements for promotional opportunities. (d) Administer all personnel actions such as compensation, benefits, transfers, layoffs, returns from layoffs, terminations, and Company sponsored programs without regard to age, race, color, religion, national origin, sex or physical or mental handicap. (e) Maintain a nondiscriminatory job environment free of sexually harassing conduct.

### Applicant - Do Not Write Below This Line

Approvals (For Jordan Towing Use Only)

Title	Signature	Date	Title	Signature	Date	Title	Signature	Date
Hiring Manager			General Manager			Regional Manager		

This application is active for three (3) months and may be extended for one additional three-month period. The extension is to complete processing if Jordan Towing, Inc. is unable to complete all elements of the hiring process within three (3) months. If extended, by your signature you authorize this application through enter date \_\_\_\_\_

**Signed** \_\_\_\_\_ **Title** \_\_\_\_\_