

# EMPLOYMENT APPLICATION

(PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)

Our Company fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans With Disabilities Act and applicable state laws, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal and State employment laws and the information requested on this application will only be used for purposes consistent with those laws. To the extent required by applicable law, the Company maintains a smoke- free workplace. Note that the Company may have intentionally omitted pages 6-8 of this application.

Applicants for positions in Rhode Island please note that the company is subject to Chapters 29-38 of Title 28 of the General Laws of Rhode Island and is therefore covered by the state's workers compensation law unless this box is checked

If the box is checked the following exemption applies: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

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## PERSONAL DATA

Salary expectations: \_\_\_\_\_

Name: \_\_\_\_\_  
Last Middle First

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

If you are under 18 years of age, please specify your age: \_\_\_\_\_ (This information will be used only for child labor law purposes).

Are there any days, shifts or hours you will not work?  Yes  No

If yes, please explain: \_\_\_\_\_

Are you available for out of town work?  Yes  No

Will you work overtime, if required?  Yes  No

When will you be able to start work? \_\_\_\_\_

Have you ever been found at fault in a civil action for an intentional tort (intentional commission of a wrongful act)?  Yes  No

Note: Answering "yes" does not automatically exclude you from further consideration for the position.

If yes, include nature of the intentional tort and the disposition of the action: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you learn of our Company? \_\_\_\_\_

If referral, who were you referred by? \_\_\_\_\_

Have you ever applied or worked at our Company before?  Yes  No

If yes, provide dates: \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

Will you now or in the future require sponsorship for employment visa status (e.g.,H-1B visa status)?  
 Yes  No

**Note:** The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

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## DRIVING RECORD

(Answer only if driving is a requirement of the job for which you are applying).

Do you have a valid driver's license?  Yes  No State: \_\_\_\_\_ License No: \_\_\_\_\_

Have you had any tickets?  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

Name, City and State of Educational Institution	Graduated		If no, Degree Credits Earned	Type of Degree Received or Expected	Major	Minor	Grade Point/ Overall GPA
	Yes	No					
High School							
College or University							
Technical/GED							
Licenses/ Certification/Other							

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## EMPLOYMENT HISTORY:

Please complete for all full-time or part-time employment beginning with most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis. All applicants should start with their most recent job, include active military assignments and voluntary employment and provide ten (10) years of history. (A separate sheet may be attached.) You must explain any gaps in your employment history.

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name of Supervisor: \_\_\_\_\_ May we contact:  Yes  No  
 Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay: Start: \_\_\_\_\_ Last: \_\_\_\_\_  
 State job titles and describe job duties: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

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

Name of Supervisor: \_\_\_\_\_ May we contact:  Yes  No

Dates Employed: From: \_\_\_\_\_ To: ` \_\_\_\_\_ Rate of Pay: Start: \_\_\_\_\_ Last: \_\_\_\_\_

State job titles and describe job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Name of Supervisor: \_\_\_\_\_ May we contact:  Yes  No

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay: Start: \_\_\_\_\_ Last: \_\_\_\_\_

State job titles and describe job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Please explain any gaps in your employment history: \_\_\_\_\_

\_\_\_\_\_

Have you ever been discharged or forced to resign?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Did you receive any discipline in your last 12 months of active employment with your previous employer?

Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Were you given a performance evaluation within the last 12 months of active employment?  Yes  No

If yes, what was the range of scores used and what was your score? \_\_\_\_\_

\_\_\_\_\_

Have you signed any non-competition or non-solicitation agreement with any other employer that might restrict you from working for this company (you may be required to furnish a copy of the agreement)?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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**REFERENCES** (Please list three persons not related to you who know your qualifications.)

NAME	ADDRESS	PHONE	RELATIONSHIP

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**MILITARY** (Complete only if you served in the military.)

Branch of Service: \_\_\_\_\_ Number of Years /Months of Service: \_\_\_\_\_

Rank at Discharge; \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Describe any military skills, training or experience you believe are relevant to the job you applied for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**LIE DETECTOR TESTS**

**Massachusetts Applicants Note:** It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

**Maryland Applicants Note:** An employer may not require or demand, as a condition or prospective employment or continued employment, an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100. I have read and acknowledge this notice:

Applicant's Signature: \_\_\_\_\_

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**All Applicants:** You must answer all questions below unless specifically otherwise noted below. Please review the information prior to answering.

When answering the following questions, you may exclude any records expunged, annulled, sealed, discharged, dismissed, erased under first-offender law or otherwise eradicated by statute or court order.

**California Applicants:** When answering, you need not identify any conviction for marijuana related offense if the conviction is more than two years old, or any information pertaining to referral to and participation in any pre-trial or post-trial diversion program.

**Connecticut Applicants:** (see following page)

**Hawaii Applicants:** Do not respond to this inquiry until you have been given a conditional offer of employment. If you are required to respond, please limit your responses to crimes for which you were convicted within the past 10 years, excluding periods of incarceration

**Illinois Applicants:** You are not required to reveal any expunged convictions, including expunged juvenile convictions.

**Massachusetts Applicants:** Do not respond to these questions unless this box is checked:

If you are required to respond to these questions because this box is checked, please note that when answering these questions, an applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances, or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

When answering, you may exclude a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. You may also exclude any convictions of misdemeanors which are more than five years old if you have not been convicted of a misdemeanor in the past five years.

The reference to DUI/DWI includes OUI. You are only required to list convictions within the past 5 years.

**New York Applicants:** You are not required to reveal any Youthful Offender convictions.

**Philadelphia, PA Applicants:** Do not respond to these questions until after the employment application has been accepted and a first telephone or in-person employment interview has been conducted.

**Utah Applicants:** You may answer "No" with respect to any conviction for a misdemeanor or summary offense.

**Washington Applicants:** Answer "Yes" only if the conviction or release from imprisonment was within the last ten (10) years, or related to the functions of the position for which you are applying.

**Connecticut Applicants:** When answering the questions, you need not disclose the existence of any arrest, criminal charge or conviction records which have been erased pursuant to Conn. Gen. Stat. §§46b-146, 54-760, 54-142a. Also note that the aforementioned criminal records subject to erasure are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nulled, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon; and any person whose criminal records have been erased pursuant to the aforementioned sections is deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

Answer questions one (1) and two (2) on the next page only if driving is a requirement of the job for which you are applying.

**- space intentionally left blank-**

1. Has your license ever been suspended or revoked?  Yes  No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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2. Do you have any DUI or DWI convictions?  Yes  No

If yes, please state when you were convicted and explain: \_\_\_\_\_

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3. Have you ever been convicted of a felony within the last seven years?  Yes  No

If you checked "Yes," please explain below. A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the crime and your subsequent rehabilitation (attach additional sheets if necessary):

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## APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein (including but not limited to the Criminal and Additional Driver Record Information Supplement and Commercial Motor Vehicle Driver Supplement if applicable) are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document may be cause for my dismissal at any time without prior notice. I consent to and authorize this Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

**I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR MY EMPLOYER WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE EMPLOYER. I ALSO UNDERSTAND THAT THIS ASPECT OF MY EMPLOYMENT MAY NOT CHANGE ABSENT AN INDIVIDUAL WRITTEN AGREEMENT SIGNED BY BOTH ME AND THE PRESIDENT OF THE COMPANY.**

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation or take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize the release of any background check results of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

**CALIFORNIA APPLICANTS ONLY:** I understand the Company may obtain, without using the services of a third party investigative consumer reporting agency, public records pertaining to my character, general reputation, personal characteristics or mode of living during its evaluation of my application for employment and, if employed, during my employment. By checking the following box, I waive my right to receive copies of public records obtained by the Company.

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

# Application Supplement for Commercial Motor Vehicle Driver Positions

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

## Special Notice for Applicants for Commercial Motor Vehicle Driver Positions

The information provided in this supplement may be used, and prior employers may be contacted, for the purpose of investigating the applicant's background as required by FMCSR Part 391.23.

### DOT EMPLOYMENT HISTORY

Please list the names of your employers from the Employment History section of the main application and answer the following questions regarding your previous employment. Attach additional sheets if necessary:

Employer Name	Were you subject to the FMCSA Regulations while employed?	Was your job designated as a safety-sensitive function in any DOT-Regulated mode* subject to the drug and alcohol testing requirements of 49 CFR Part 40?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* DOT modes include the United States Coast Guard, the Federal Aviation Administration, the Federal Highway Administration, the Federal Railroad Administration, the Federal Transit Administration, the Federal Motor Carrier Safety Administration and the Research and Special Programs Administration.

In compliance with FMCSA Regulations Section 40.25 (j) all driver applicants are required to answer the following two questions:

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Check one:  **Yes**    **No**

2. If you answered YES, have you successfully completed the DOT return-to-duty requirements?  
Check one:  Yes  No

You must provide documents supporting your successful completion of these requirements.

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## RESIDENCES

Please provide your addresses of residence for the past three years beginning with the most recent address.

Street Address	City, State, Zip	From	To

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## DRIVER'S LICENSE INFORMATION

Please provide the following information for each unexpired motor vehicle license or permit which has been issued to you (include both CDL and non CDL):

Issuing \_\_\_\_\_ License Number: \_\_\_\_\_

Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Indicate all CDL Endorsements and Restrictions you currently hold:

Double/Triple Trailers       Tank Vehicle       Hazardous Materials       Passenger

Air Brake Restriction \_\_\_\_\_

## Driving Experience

Type of Equipment	Dates			
	Yes	No	From	To
Bus	<input type="checkbox"/>	<input type="checkbox"/>		
Straight Truck	<input type="checkbox"/>	<input type="checkbox"/>		
Tractor Semi-Trailer	<input type="checkbox"/>	<input type="checkbox"/>		
Tractor Trailer	<input type="checkbox"/>	<input type="checkbox"/>		
Twin Trailers	<input type="checkbox"/>	<input type="checkbox"/>		
Triple Trailers	<input type="checkbox"/>	<input type="checkbox"/>		
Tankers	<input type="checkbox"/>	<input type="checkbox"/>		
Other (please specify)				

Have you completed any special courses or training you believe will help you as a driver?  Yes  No

Have you received any safe driving award(s)?  Yes  No

If you answered "yes" to either of the above two questions, please indicate the nature of the training or award and when and from whom it was received: \_\_\_\_\_

\_\_\_\_\_

## Vehicle Accident Record

Have you been involved in any accidents (preventable and non-preventable) as a driver during the previous three (3) years from the date of this application?

Yes  No

If yes, please provide the following information. Attach additional sheets if more space is needed.

	Date	Location	Nature of Accident (E.G., Head-on, rear-end, overturn, etc.)	Fatalities (#)	Injuries (#)	Haz. Mat. Spill?
Last Accident						
Previous						
Previous						

## Violations

Please list all violations of motor vehicle laws or ordinances (excluding parking) for which you have been convicted, or have forfeited a bond or collateral during the three (3) years preceding this application. Attach additional sheet if more space is needed.

Date	Location	Offense	Penalty	Type of Vehicle

### Notification of Rights and Certification

I understand that I have the following rights regarding the investigative information that will be provided to the Company: (1) the right to review information provided by previous employers; (2) the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the Company; (3) the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information. I understand that if I wish to review previous employer-provided investigative information, I must submit a written request to the Company, no later than 30 days after being employed or being notified of denial of employment. The Company will provide the requested investigative information to me within five business days of receiving the written request, or within five business days of receipt of the requested information from the previous employer, whichever is later.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

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

Print Name: \_\_\_\_\_

**APPLICANT'S/TRANSFeree'S AUTHORIZATION TO OBTAIN  
DRUG AND ALCOHOL-RELATED INFORMATION FROM  
PREVIOUS DOT-REGULATED EMPLOYERS**

I, \_\_\_\_\_, understand that as a condition of hire or engagement with  
[Insert Applicant Name]

Rebello's Towing Services, I must give the Company written authorization to obtain certain

drug and alcohol-related information from all of the past DOT-regulated employers for which I worked as a commercial motor vehicle (CMV) driver or in another DOT-regulated safety sensitive position, or for which I took DOT-required pre-employment drug tests and alcohol tests, during the past three (3) years. I have also been advised and understand that my signing of this authorization does not guarantee that I will be offered a position with the Company, or continued employment by the Company, or that I will be given other opportunities to work for or on behalf of the Company.

I hereby authorize the Company to obtain the following information from each of the DOT-regulated employers for which I worked as a CMV driver, or in any other DOT-regulated safety-sensitive position, or for which I took a DOT-required pre-employment drug and a pre-employment alcohol test during the past three (3) years:

- (i) whether, within the previous three years, I have violated DOT's (including any DOT operating company's) or FMCSA's drug and alcohol prohibitions, including but not limited to: (A) all verified positive drug (controlled substances) test results; (B) all alcohol test results of 0.04 concentration or greater; (C) all instances in which I refused to submit to a DOT-required drug and/or alcohol test (including verified adulterated or substituted drug test results); (D) all other violations of DOT agency drug and alcohol testing regulations;
- (ii) whether I failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to DOT's and FMCSA's return-to-duty requirements. If the previous employer does not know this information, I understand that I must provide documentation of successful completion of the SAP's referral directly to the Company.
- (iii) If I successfully completed a SAP's rehabilitation referral, and remained in the employ of the referring employer, information on whether I had the following testing violations subsequent to completion of the referral process: (A) alcohol tests with a result of .04 or higher alcohol concentration; (B) verified positive drug tests; (C) refusals to be tested (including verified adulterated or substituted drug test results).

I authorize each of my previous employers (or previous prospective employers) to release the above information to the Company, in writing, addressed to \_\_\_\_\_ and marked "Confidential."

I further authorize each of my previous employers (or previous prospective employers) to release the above-specific drug and alcohol-related information which they obtained from any other DOT-regulated employer for whom I worked as a CMV driver, or in another DOT-regulated safety-sensitive position, during the past three (3) years.

Below I have provided the name and address of a DOT-regulated employer for which I worked as a CMV driver or in another DOT-regulated safety-sensitive position, or to which I applied for work as a CMV driver or in another DOT-regulated safety-sensitive position, during the past three (3) years:

Company Name \_\_\_\_\_

Company Address: \_\_\_\_\_

Dates worked for/or applied to: \_\_\_\_\_

Reason(s) for Leaving (if applicable): \_\_\_\_\_

Contact's Name: \_\_\_\_\_

I agree to execute a separate authorization for each DOT-regulated employer for which I worked as a CMV driver or in another DOT-regulated safety-sensitive position, or to which I applied for work as a CMV driver or another DOT-regulated safety-sensitive position, during the past three (3) years.

**APPLICANT'S / TRANSFEREE'S CERTIFICATION:**

I have carefully read and fully understand this authorization to release my past drug and alcohol-related information, as specified above. In signing below, I certify that all of the information which I have furnished on this form is true and complete. I understand that this authorization will be sent to my former employer or former prospective employer listed above.

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

Print Name: \_\_\_\_\_