

Application for Employment  
AA ACTION TOWING, INC.  
DBA: ACTION TOWING  
2511 KIEL WAY  
N. LAS VEGAS, NV 89030

Hire Date: \_\_\_\_\_

(MUST BE AFTER NEGATIVE TESTS RESULTS RECEIVED)

Termination Date: \_\_\_\_\_

Phone: (702) 737-9100 Fax#: (702) 737-9100 CPCN# 3336

<u>Date of Application</u>	<u>Applicant Phone Number:</u>
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Position Applied for			
Name of Applicant			
	Last	First	Middle

Date of Birth		Social Security Number	
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Current Address					
	Street	City	State	Zip	How Long?
List your addresses of residency for the past 3 years					
Previous Address					
	Street	City	State	Zip	How Long?
Previous Address					
	Street	City	State	Zip	How Long?
Previous Address					
	Street	City	State	Zip	How Long?

### Employment History

*(Non-CDL-3 years of history & CDL - 10 years of history)*

All driver applicants's to drive in interstate or intrastate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information, (for a total of 10 years), on those employers for whom the applicant operated such vehicles. Start with the most recent employer. Add another sheet if necessary.

Employer Name		Dates Employed	From:	To:
Employer Address			Phone#	
Reason for Leaving		Contact Person		
Position Held		Wage/Salary		
Were you subject to FMCSR's while employed by this employer:			Yes	No
Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirement as required by 49 CFR part 40			Yes	No
Employer Name		Dates Employed	From:	To:
Employer Address			Phone#	
Reason for Leaving		Contact Person		
Position Held		Wage/Salary		
Were you subject to FMCSR's while employed by this employer:			Yes	No
Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirement as required by 49 CFR part 40			Yes	No
Employer Name		Dates Employed	From:	To:
Employer Address			Phone#	

Position Held		Wage/Salary	
Were you subject to FMCSR's while employed by this employer:		Yes	No
Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirement as required by 49 CFR part 40		Yes	No

Employer Name		Dates Employed	From:	To:
Employer Address			Phone#	
Reason for Leaving		Contact Person		
Position Held		Wage/Salary		
Were you subject to FMCSR's while employed by this employer:		Yes	No	
Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirement as required by 49 CFR part 40		Yes	No	

Employer Name		Dates Employed	From:	To:
Employer Address			Phone#	
Reason for Leaving		Contact Person		
Position Held		Wage/Salary		
Were you subject to FMCSR's while employed by this employer:		Yes	No	
Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirement as required by 49 CFR part 40		Yes	No	

Employer Name		Dates Employed	From:	To:
Employer Address			Phone#	
Reason for Leaving		Contact Person		
Position Held		Wage/Salary		
Were you subject to FMCSR's while employed by this employer:		Yes	No	
Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirement as required by 49 CFR part 40		Yes	No	

Employer Name		Dates Employed	From:	To:
Employer Address			Phone#	
Reason for Leaving		Contact Person		
Position Held		Wage/Salary		
Were you subject to FMCSR's while employed by this employer:		Yes	No	
Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirement as required by 49 CFR part 40		Yes	No	

Unexpired commercial motor vehicle operator's license or permit information

Issuing State		License No. & Class		Expiration Date	
Issuing State		License No. & Class		Expiration Date	
Issuing State		License No. & Class		Expiration Date	

Nature and extent of your experience in the operation of commercial motor vehicles

Class of Equipment	Type of Equipment	Dates		Approximate No. of Miles (Total)
		From	To	
Limousine/Sedan				
Bus				
Taxi				
Truck				
Tow Car				
Other				

If no experience, write 'None': \_\_\_\_\_

List all motor vehicle accidents you were involved in within the past 3 years

Dates	Nature of Accident (Head-on, Rear-end, Upset, etc)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			



**EXPERIENCE AND DRIVER QUALIFICATION-DRIVER LICENSES**

State	License No.	Type	Expiration Date

**EDUCATION**

Circle the highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4 5 6

Last School attended: \_\_\_\_\_  
Name City State

**TO BE READ AND SIGNED BY APPLICANT**

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.

\_\_\_\_\_  
Date

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

1. DO YOU HAVE ANY PERMANENT PHYSICAL IMPAIRMENT? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE DESCRIBE \_\_\_\_\_  
\_\_\_\_\_

2. HAVE YOU HAD ANY PREVIOUS WORKER'S COMPENSATION (SIIS) CLAIMS?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE DESCRIBE (INCLUDE APPROXIMATE DATE OF INJURY AND  
EMPLOYER, AND IF NOT NEVADA, STATE WHERE FILED.)  
\_\_\_\_\_  
\_\_\_\_\_

3. HAVE YOU EVER RECEIVED A PERMANENT PARTIAL DISABILITY AWARD?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE DESCRIBE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT THE INFORMATION I PROVIDED ABOVE IS TRUE AND COMPLETE TO THE  
BEST OF MY KNOWLEDGE. I AUTHORIZE BOTH MY EMPLOYER AND SIIS TO  
INVESTIGATE, AS NECESSARY, TO VERIFY AND/OR SEEK FURTHER INFORMATION  
REGARDING ANY OF THE ABOVE AND BY MY SIGNATURE BELOW I AM AUTHORIZING  
AND AGREEING TO HOLD HARMLESS PARTIES DISCLOSING SUCH PERTINENT  
INFORMATION. I ALSO UNDERSTAND THAT ANY OMISSION OR FALSIFICATION OF THIS  
INFORMATION IS CAUSE FOR DISCHARGE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE