

"no hill too steep no ditch too deep"

3209 E Slaton Rd Lubbock 7X 79404-6907 (806)748-1044 511 US Highway 84 Snyder 7X 79549-6902 (325)573-6300

Application for Employment

Background Information									
Desired Posi	tion		Application Date / /						
Applicant's Name									
Applicant's Address Street Address			City State Zip Code						
Phone Numb	Alt Phone Number ()								
Are you 18 years of age or older? □ Yes □ No									
Are you either a U.S. citizen or an alien authorized to work in the U.S.? ☐ Yes ☐ No									
Do you currently have a valid Driver's License? ☐ Yes ☐ No									
Driver License Number			State Issued Class						
Have You Ever Been Denied a License to Operate a Motor Vehicle ☐ Yes ☐ No									
Has Your License Ever Been Suspended or Revoked ☐ Yes ☐ No									
Have You Ever Been Convicted of Driving Under the Influence ☐ Yes ☐ No									
Have You Ever Been Convicted of a Crime other than a minor traffic violation? □ No □ Yes* Date of the Occurrence / / Penalty You Were Assessed									
*Answering "yes" will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by law.									
Date Available to Start / Desired Wage \$ per									
Do you prefer Part-time Referred by									
What Days/Times Are You Available to Work?									
Sunday	☐ Yes ☐ No	from	_: AM PM to: AM PM						
Monday	☐ Yes ☐ No	from	_: AM PM to: AM PM						
Tuesday	☐ Yes ☐ No	from	_: AM PM to: AM PM						
Wednesday	☐ Yes ☐ No	from	.: AM PM to: AM PM						
Thursday	☐ Yes ☐ No	from	_: AM PM to: AM PM						
Friday	☐ Yes ☐ No	from	_: AM PM to: AM PM						
Saturday	☐ Yes ☐ No	from	_: AM PM to: AM PM						

Experience starting with your most recent position and working backwards, account for all time for the preceding 3 years. You may include both full and part-time positions, military service, self-employment, fulltime education, and periods of unemployment. Additionally, you may attach your résumé to reflect this information.

Employer	
Address	
Street Address	City State Zip Code
Phone Number ()	May We Contact ☐ Yes ☐ No
from/ to/ Position	l
Responsibilities	
Reason for Leaving	
Employer	
Address	
Street Address	City State Zip Code
Phone Number ()	May We Contact ☐ Yes ☐ No
from / to / Position	l
Responsibilities	
Reason for Leaving	
Employer	
Address	
Street Address	City State Zip Code
Phone Number ()	May We Contact ☐ Yes ☐ No
from / to / Position	l
Responsibilities	
Reason for Leaving	
Employer	
Address	
Street Address	City State Zip Code
Phone Number ()	May We Contact ☐ Yes ☐ No
from / to / Position	l
Responsibilities	

Education								
High School	Graduated □ Yes □ No							
Technical School	Graduated □ Yes □ No							
College/University	Graduated □ Yes □ No							
Other education, training or special skills:								
References								
Name	Relationship							
Email	Phone Number ()							
Name	Relationship							
Email	Phone Number ()							
Name								
Email	Phone Number ()							
Authorization and Acknowledgements								
I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge. I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.								
Applicant's Signature	/ Date///							

We would like to thank you for your interest in becoming a part of the Lubbock Wrecker Service, Inc. team. Applications are reviewed in the order they are received and kept on file in our corporate office for (90) days. If your application is selected for further consideration our HR department will contact you to schedule an interview.

Return completed applications along with a copy of your current driver's license to: info@lubbockwrecker.com or 3209 Slaton Hwy Lubbock TX 79404

In accordance with State and Federal EEOC laws, qualified applicants are considered for all positions regardless of race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability or any other protected group status.



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Fair Credit Reporting Disclosure & MVR Release

Driver Applicant's Please Complete the Following

In accordance with the provisions of Section 604(b) (2) (A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

These reports may be procured by <u>Lubbock Wrecker Service</u>, <u>Inc.</u> as well as their insurance agent <u>Ben Spurgin Insurance Agency</u>, <u>Inc.</u> and may include my driving record, an assessment of my insurability under the Company's insurance coverages or other consumer reports.

By signing this disclosure, I hereby authorize <u>Lubbock Wrecker Service</u>, <u>Inc.</u> as well as their insurance agent <u>Ben Spurgin Insurance Agency</u>, <u>Inc.</u> to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or other permissible purposes in order to evaluate my application for employment.

Employee's Signature _			Date _	/	/
Employee's Name					
	First	Middle		Last	
Employee's Address					
	Street Address		City	State	Zip Code
Driver License Number		State Issued			
Date of Birth/_	/	Expirat	ion Date _.	/_	/
Commercial Driving Experience		Towing Experience (no. of years)			
Check one: □ Full-time □ Part-Time		Check one: ☐ Married ☐ Single			



2521 Cedar Springs Rd Dallas 7X 75201 (214)871-3322