



Corporate Office
23881 N. 7th Avenue
Phoenix, AZ 85010

SSN

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)	DAY TIME PHONE (AREA CODE)	

CALIFORNIA APPLICANTS: DO NOT COMPLETE SOCIAL SECURITY NUMBER UNLESS HIRED

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

DO NOT SHOW FOREIGN RESIDENCE IF IT MAY INDICATE NATIONAL ORIGIN, UNLESS HIRED.

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

<input type="checkbox"/> Yard worker	<input type="checkbox"/> Management Trainee	<input type="checkbox"/> Manager At Headquarters
<input type="checkbox"/> Tow truck driver	<input type="checkbox"/> Customer Service/ Clerical	<input type="checkbox"/> Professional
<input type="checkbox"/> Line Haul / Sleeper Driver	<input type="checkbox"/> Intern	<input type="checkbox"/> Technical
<input type="checkbox"/> Mechanic / welder	<input type="checkbox"/> Sales Position	<input type="checkbox"/> Clerical
<input type="checkbox"/> Dispatcher	<input type="checkbox"/> Accounting	<input type="checkbox"/> Accounting
<input type="checkbox"/> Combination Driver/Yard Worker	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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	GRUADATED /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	_____	_____	_____

NEW JERSEY APPLICANTS DO NOT COMPLETE GRADUATED/GED COLUMN UNLESS HIRED.

HAVE YOU PREVIOUSLY APPLIED AT OR BEEN EMPLOYED BY DV TOWING UNDE YOUR PRESENT OR ANY OTHER NAME	<input type="checkbox"/> APPLIED <input type="checkbox"/> EMPLOYE <input type="checkbox"/> NEITHER	INDICATE NAME USED WHEN APPLYING OR EMPLOYED	ARE YOU AT LEAST 18 YEAR 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 DV TOWING COMPANY COMPLETE THIS SECITON				
			DATE HIRED	DATE LEFT	REASON FOR LEAVING		
DO YOU KNOW ANYONE EMPLOYEEED DV TOWING		<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 DV TOWING		<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 Yes No
COMPANY NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP: _____ COUNTY: _____
PHONE _____ SUPERVISOR NAME AND TITLE _____
TYPE OF BUSINESS _____
YOUR POSITION: _____
REASON FOR APPLYING WITH DV 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: _____
Reason for leaving Resigned Laid Off 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: _____
Reason for leaving Resigned Laid Off 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: _____
Reason for leaving Resigned Laid Off 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: _____
Reason for leaving Resigned Laid Off Discharged
Explain in detail _____

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

FORMER EMPLOYER _____ MONTH/YEAR HIRED: _____ MON/YR SEPERATED: _____
COMPANY NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP: _____ COUNTY: _____
PHONE _____ SUPERVISOR NAME AND TITLE _____
TYPE OF BUSINESS _____
YOUR POSITION: _____
Reason for leaving Resigned Laid Off 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: _____
Reason for leaving Resigned Laid Off 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: _____
Reason for leaving Resigned Laid Off 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: _____
Reason for leaving Resigned Laid Off Discharged
Explain in detail _____

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

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 _____

California and Ohio applicants do not complete type of discharge information unless hired.

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 _____

Yard Workers Only

Do you have a commercial Drivers License (CDL)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Operators License Number	State	Expiration Date		
Indicate years of experience in each category shown.	Lift Truck - electric	Lift Truck - gas	Freight Handler	OTHER	Checker	OTHER

Indicate any other related work experience:

Garage Applicants Only

Have you had Auto Shop Experience	<input type="checkbox"/> Yes <input type="checkbox"/> No	No of Years	Have you had Truck Stop Experience	<input type="checkbox"/> Yes <input type="checkbox"/> No	Years Gas	Years Diesel	Show Your Area(s) of Specialization Below:							
Equipment	Training		Experience		Equipment	Training		Experience		Equipment	Training		Experience	
	X	YRS.	X	YRS		X	Yrs	X	Yrs		X	Yrs	X	Yrs
Wood Working					Body Work					Oxyacetylene Welder				
Sheet Metal					Elec & Ignition					Paint Spray Gun				
Clutch Rebuilding					Engine Rebuilding					Air Brakes				
Differential Rebuilding					Diesel Injection					Other:				
Transmission Rebuilding					Electric Welder					Other:				

Clerical and Administrative

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			Other
	Gas	Diesel		
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.	
<input type="checkbox"/> No					<input type="checkbox"/> No		
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			
<input type="checkbox"/> No							on road		off road		prevent		non-prevent	
Date	Nature of Accident	No. of Deaths	No. of Injuries	Vehicle Type	on road	off road	prevent	non-prevent						

Have you ever refused OT be tested or tested positive on an alcohol or controlled substances test based on DOT Federal Motor Carrier Safety Regulations in the past 2 years? Yes No

If yes, can you provide Documentation from the substance abuse professional certifying that you have successful 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 DV Towing. 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...
3 In consideration of my being considered for employment and or being employed I hereby agree to submit to physical examination and tests...
4 If employed, I agree (1) to conform to the rules and regulations of DV Towing and (2) that my employment relationship with DV Towing voluntarily and acknowledge that there is no specified length of employment...
5 If employed, I do hereby grant DV Towing, a nonexclusive right to practice any invention or device which I may conceive, develop or perfect using Company resources...

I hereby authorize DV Towing, 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 DV Towing 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: _____

DV Towing Equal Employment Opportunity Policy

It is DV Towing'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 DV Towing use only)

Table with 9 columns: Title, Signature, Date, Title, Signature, Date, Title, Signature, Date. Row 1: Hiring Manager, General Manager, Regional Manager.

All SG&A additions must be approved by the 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 DV Towing is unable to complete all elements of the hiring process within three (3) months. If extended, by our signature you authorize this application through enter date _____

Signed _____ Title _____