

SSN

**Norris Towing**  
 1108 South Lee Highway  
 Cleveland, TN 37320  
 423-472-5580  
 www.norristowing.com

# APPLICATION FOR EMPLOYMENT

Name: FIRST-MIDDLE-LAST (AS IT APPEARS ON SOCIAL SECURITY CARD)		SOCIAL SECURITY NO.	TODAY'S DATE
FORMER/ALSO KNOWN AS 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 <sup>start with your present address</sup>					
PRESENT ADDRESS	STREET ADDRESS	CITY	STATE	ZIP CODE	DATE FROM TO

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 <span style="float:right">At Headquarters</span>
<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	GRUQUATED /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 NORRIS TOWING 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 NORRIS TOWING COMPLETE THIS SECITON				
			DATE HIRED	DATE LEFT	REASON FOR LEAVING		
DO YOU KNOW ANYONE EMPLOYEED NORRIS 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 NORRIS 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: \_\_\_\_\_ DID YOU DRIVE A VEHICLE OVER 26,001LBS  YES  NO  
REASON FOR APPLYING WITH NORRIS TOWING: \_\_\_\_\_ RATE OF PAY: \_\_\_\_\_

FORMER EMPLOYER	MONTH/YEAR HIRED:	Month/year separated:	
_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DID YOU DRIVE A VEHICLE OVER 26,001LBS <input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DID YOU DRIVE A VEHICLE OVER 26,001LBS <input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DID YOU DRIVE A VEHICLE OVER 26,001LBS <input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DID YOU DRIVE A VEHICLE OVER 26,001LBS <input type="checkbox"/> YES <input type="checkbox"/> NO

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

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  
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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 \_\_\_\_\_

Provide dates and explain any period of six months or more when you were not in school and not working within the past ten years:

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

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 \_\_\_\_\_

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 \_\_\_\_\_

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.

Yes If Yes, complete below.  No

Date	Nature of Violation	State	Penalty	Points

Have you ever had any Commercial Motor Vehicle Accidents

Yes List below all accidents you have had while operating any type of motor vehicle during the past five (5) years:  No

Date	Nature of Accident	No. of Deaths	No. of Injuries	Vehicle Type	Where		Type	
					on road	off road	prevent able	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 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?  Yes  No Doctor's Name \_\_\_\_\_

Any Restrictions?  Yes  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 Norris 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 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 NORRIS TOWING 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 NORRIS TOWING.
- 4 If employed, I agree (1) to conform to the rules and regulations of NORRIS TOWING and (2) that my employment relationship with NORRIS TOWING 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 NORRIS TOWING, 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 NORRIS 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 NORRIS 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:** \_\_\_\_\_

**NORRIS TOWING Equal Employment Opportunity Policy**

It is NORRIS 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 NORRIS 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 NORRIS TOWING 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** \_\_\_\_\_

## **Fair Credit Reporting Act Disclosure & Authorization Disclosure**

As an applicant for employment or a current employee of Norris Towing you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, Norris Towing may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when: 1) considering your application for employment, 2) making a decision whether to offer you employment, 3) deciding whether to continue your employment (if you are hired), or 4) making other employment-related decisions directly affecting you.

For explanation purposes, a "consumer reporting agency" is a person or business which, for monetary fees, dues, or on a cooperative non-profit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as Norris Towing.

A "consumer report" means any written, oral, or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act

### **AUTHORIZATION**

By signing below, I, (print name) \_\_\_\_\_, hereby voluntarily authorize Norris Towing to obtain either a consumer report or an investigative consumer report about me from a consumer-reporting agency and to consider this information when making decisions regarding my employment at Norris Towing. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

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

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