

Application for Employment

Motor Carrier: Eastwood Towing Inc.
 Address: 3080 East Main St.
Waterbury, CT 06705

In compliance with Federal and State equal opportunity employment laws, qualified applicants are considered for all positions without regard to race, religion, color, gender, national origin, age, marital status, or non-job related disability.

Please complete both sides of this application thoroughly. Attach another sheet if more room is required for details.

Applicant's Name: _____
 Current Address: _____
 Length of time at this address: _____

Date of Application: _____
 Soc. Sec No.: _____
 Date of Birth: _____
 Telephone No.: _____

Previous Addresses for last three years (most recent first)

Street:	1. _____	City: _____	State/Zip: _____	How long: _____
	2. _____	_____	_____	_____
	3. _____	_____	_____	_____
	4. _____	_____	_____	_____

Please list all CDL licenses and/or permits for the last three years

State: _____	Number: _____	Expiration Date: _____
State: _____	Number: _____	Expiration Date: _____
State: _____	Number: _____	Expiration Date: _____

Please list the nature and extent of your experience operating different types of motor vehicles (e.g. Buses, trucks and trailers)

Type of Vehicle		Years of Experience

Additional Information Attached

Please list all motor vehicles accidents in which you were involved during the last three years

Date of Accident				Type of Accident	
				Y / N	Y / N
				Y / N	Y / N
				Y / N	Y / N

Additional Information Attached

Check here to certify that you have had no accidents in the last three years

Please list all violations (other than parking) for which you were convicted or forfeited bond / collateral during the last three years

Date of Violation			Type of Violation	

Additional Information Attached

Check here to certify that you have had no such violations in the last three years

Please detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle:

Check here to certify that no such denial, revocation, or suspension has occurred

SIGNATURE OF APPLICANT _____ **DATE** _____

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. I understand and accept that the information contained herein may be used, and my prior employers may be contacted for the purpose of investigating my background as required by 49CFR 391.23.

Employment History

Please complete all information regarding prior employers during the last three years. If you are applying to operate a Commercial Motor Vehicle (GVWR of 26,001 lbs. or more, ability to transport 16 or more people, or any vehicle requiring placarding for hazardous materials), please include complete information regarding prior employers for the last 10 years total.

Please start with your most recent prior employer

Employer Name: _____ Address: _____ Contact: _____ Phone: _____	Employed From: ___/___/___ To: ___/___/___ Position: _____ Salary: _____ Reason for Leaving: _____
Employer Name: _____ Address: _____ Contact: _____ Phone: _____	Employed From: ___/___/___ To: ___/___/___ Position: _____ Salary: _____ Reason for Leaving: _____
Employer Name: _____ Address: _____ Contact: _____ Phone: _____	Employed From: ___/___/___ To: ___/___/___ Position: _____ Salary: _____ Reason for Leaving: _____
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EDUCATION:

PLEASE CIRCLE LAST GRADE COMPLETED:

1 2 3 4 5 6 7 8 9 10 11 12 college 1 2 3 4

OTHER TRAINING ; _____

DO YOU HAVE FULL KNOWLEDGE OF FEDERAL MOTOR CARRIER REGULATIONS _____ ARE YOU EMPLOYED NOW? _____

WHEN ARE YOU AVAILABLE ? _____ U.S CITIZEN ? _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE ? _____

OFFICIAL USE ONLY

____ HIRED DATE _____ START DATE _____ AUTH BY _____

____ REJECTED FOR REASONS LISTED BELOW:

DATE OF TERMINATION OF EMPLOYMENT _____ AUTH BY _____

DISMISSED ____ QUIT ____ OTHER ____ REASONS: