

DRIVER'S APPLICATION FOR EMPLOYMENT

COMPANY ADDRESS: APPLE TOWING COMPANY
 2030 HOLMES ROAD
 HOUSTON, TEXAS 77045

Apple Towing Company is an equal opportunity employer and adheres to the principles and practices outlines in the Civil Rights Act of 1964 which prohibits discrimination in the employment on the basis of race, sex, religion or national origin and Public Law 90-202 which prohibits discrimination based on age.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Any offer of employment with this company is contingent on the applicant successfully taking and passing a medical examination and NIDA-5 Pre-Placement drug test. Each question on this application successfully must be answered completely, accurately and legibly. No action will be taken until all questions are answered.

PERSONAL INFORMATION:

Name: _____ Date: _____
Home Telephone: () _____
 Last First Middle A/C
Present Address: _____
 Street Apt# City State Zip
Address
For Past Street Apt# City State Zip
Three
Years Street Apt# City State Zip
 Street Apt# City State Zip

Date of Birth: _____ Social Security No. _____

Required for Truck Drivers

Do you have a legal right to work in the U. S.? _____

Have you ever been convicted of a crime other than moving violations, including DUI? _____

If yes, state the offense, location, date and disposition:

Who should be contacted in a case of an emergency? _____ Relationship: _____

Address: _____
 Street City State/Zip Telephone #

Drivers License Class and Endorsement: _____ Number: _____ State: _____

Have you ever applied to this company before: Yes _____ No _____

Have you ever worked for this company before: Yes _____ No _____

If your answer to either of the above questions is Yes, state when and what position you applied and/or worked _____

How did you learn of this company and/or this position? _____

Are you now or do you expect to be engaged in any other work? Yes: _____ No: _____

Have you ever been denied a drivers license, permit or privilege to drive? Yes: _____ No: _____

Has any license, permit or privilege ever been suspended or revoked? Yes: _____ No: _____

IF THE ANSWER TO EITHER QUESTION IS YES, PLEASE ATTACH A STATEMENT GIVING DETAILS

All driver applicants must list 10 years previous employment with no gaps in dates of employment. If you were unemployed, show the dates of unemployment. Please list all employers in reverse order starting with the most recent.

EMPLOYMENT HISTORY MUST BE FILLED OUT IN DETAIL

EMPLOYER		DATES OF EMPLOYMENT		STARTING SALARY \$
NAME		FROM		ENDING SALARY \$
ADDRESS		TO		
CITY		POSITION HELD		
STATE / ZIP		REASON FOR LEAVING		
PHONE NUMBER ()		SUPERVISOR'S NAME		

EMPLOYER		DATES OF EMPLOYMENT		STARTING SALARY \$
NAME		FROM		ENDING SALARY \$
ADDRESS		TO		
CITY		POSITION HELD		
STATE / ZIP		REASON FOR LEAVING		
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ADDRESS		TO		
CITY		POSITION HELD		
STATE / ZIP		REASON FOR LEAVING		
PHONE NUMBER ()		SUPERVISOR'S NAME		

If more room is necessary, please attach a second sheet

ACCIDENT RECORD FOR PAST 3 YEARS (ATTACH AN ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

	DATES	TYPE OF ACCIDENT	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATES	LOCATION	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS

DRIVERS LICENSES	STATE	LICENSE NUMBER	CLASS	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANKER, ETC.)	DATES	APPROXIMATE NUMBER OF MILES
		FROM	
STRAIGHT TRUCK			
TRACTOR TRAILER			
TRACTOR DOUBLES/TRIPLES			
OTHER			

List states operated in for last five years

Do you possess any safe driving awards? _____

List any transportation related training you may possess _____

List any special equipment or technical materials that you work with _____

Will you abide by the safety rules of this company? Yes _____ No _____

Are you willing to take a physical exam at company expense? Yes _____ No _____

Do you take any illegal or non-prescribed drugs? Yes _____ No _____

Are you willing to take a NIDA-5 drug screen at company expense? Yes _____ No _____

How many days have you missed from work in the past 3 years? _____

Are you able to stand and walk for long periods of time? Yes _____ No _____

Are you able to perform this task with or without an accommodation? With _____ With out _____

If you answered "With" to this question, how would you perform this task and with what accommodation(s)?

Are you able to drive for up to 10 consecutive hours without a break?

Yes _____ No _____

Are you able to perform this task with or without an accommodation?

With _____ Without _____

AFFIDAVIT:

I certify that this application was completed by me, and that the answers given by me to the foregoing questions and statements are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that the company shall not be liable, in any respect, if my employment is terminated because of false statements, answers or omissions made by me in this application. I also authorize the companies, schools, or persons named in this application for employment to give any information regarding my employment, character and qualifications and hereby release said companies, schools, or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my health are true and are made without reservations, and agree to expressly waive all provisions of law prohibiting any physician, person, hospital or other institution from disclosing to the company any information regarding treatment rendered now and in the future. I further understand that taking drug test is a condition of employment and refusal to take such test when asked will subject me to termination. I also understand that no person is authorized to enter into any written or verbal contracts on behalf of the company without the express written consent of the president, vice president, or general counsel of the company. I authorize the company to make such investigations and inquires of my personal, employment, criminal or medical history and their related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquires in connection with my application. I understand and agree that if I am offered employment my employment is for no definite period of time and may be terminated without prior notice by myself or the employer.

APPLICANT'S SIGNATURE

DATE

COMPANY USE ONLY

PROCESS RECORD:

Applicant hired: _____

Beginning Pay: _____

Date for Review: _____

Supervisor: _____

Date Terminated: _____

Voluntary Quit: _____

Dismissed: _____

Other: _____

PLEASE READ AGREEMENT CAREFULLY

- A. I hereby agree to being fingerprinted before or during my employment and agree to my fingerprint record being processed by the FBI.
- B. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal whenever falsification is discovered.
- C. I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated by me or the Company at any time and for any reason with or without cause, and without and previous notice. I further acknowledge that any offer of employment, or my acceptance of an employment offer, if such is to occur, may be withdrawn for any reason at any time and without prior notice at the option of the Company or myself.
- D. In making this application for employment, I understand that a routine investigative report may be made whereby information is obtained through personal interviews with third parties such as family members, business associates, financial sources, friends, neighbors, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. In addition, the report includes a criminal record check, driver's license check, education verification and a public record check. I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
- E. In the event of my employment to a position in the Company, I will comply with all rules and requisitions as set forth in the Company's Policy Manual or the other communication distribution to employees. I further understand that these rules and regulations may be changed, interpreted, withdrawn, or added to by the Company at any time, at the Company's sole option and without any prior notice to me.

APPLICANT'S SIGNATURE

APPLICATION DATE

WE ARE AN EQUAL OPPORTUNITY EMPLOYER M/F/H/V

DO NOT WRITE BELOW THIS LINE

Personnel Department Comments:

Reviewed By: _____ Interviewed By: _____

Qualified for Position: _____

Alternate Position: _____

No Position Available This Date: _____

Hired By: _____ Start Date: _____

Position: _____ Terminal: _____

Starting Rate: _____ Per: _____

Misc. Salary Instructions: _____

Remarks:

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize you to release the following information to **Apple Towing Co.**, for the purposes of investigation required by Section 391.23 of the Federal Motor Carrier Safety Regulations. Pursuant to Section 382.413 Federal Motor Carrier Safety Regulations I specifically authorize you to release all CONFIDENTIAL alcohol and drug testing results, records and any record reflecting a refusal to test. I also authorize the companies, schools or persons named on this request for information from previous employers to give any information regarding my employment, character and qualifications and hereby release said companies, schools, or persons from all liability for any damage for issuing this information.

Date: _____

Signature of Applicant: _____

REQUEST FOR PREVIOUS EMPLOYMENT INFORMATION

Previous Employer: _____ Contact Name: _____

Phone #: _____ Fax #: _____

Applicant Name: _____ SSN #: _____

This applicant was employed by us from _____ to _____

Additional dates of employment (if any): _____

Position held: _____

Type of equipment operated: _____ Tractor Trailer _____ Straight Truck _____ Bus _____ Doubles/Triples

Other (Specify) _____

Reason for leaving: _____ Resigned _____ Terminated _____ Other _____

Eligible for rehire? _____ YES _____ NO _____ UPON REVIEW

DOT ACCIDENT INFORMATION

Has this person been involved in any DOT accidents as defined by sec. 390.5 in the last three years? YES NO

If yes, please provide the following required information:

Accident Date: _____ Location: _____

Description: _____

Was the accident preventable? _____ YES _____ NO Number of Injuries? _____ Number of fatalities? _____

DRUG AND ALCOHOL INFORMATION:

- 1. Was this person subject to DOT drug alcohol testing in accordance with FMCSR part(s) 40 & 382? YES/ NO
- 2. Has this person tested positive for a controlled substance in the last 3 years? YES/ NO
- 3. Has this person had an alcohol test with a breath alcohol concentration of .04 or more in the last 3 years? YES/ NO
- 4. Has this person refused (include verified altered) to take a required test for drugs and/or alcohol in the last 3 years? YES/ NO
- 5. Has this person violated other DOT drug and/or alcohol regulations? YES/ NO
- 6. If the answer was yes to any of the questions (2 thru 5), did he / she complete the "Return to Duty" process? YES/ NO
- 7. Have you received any information from a previous employer that this person violated any drug or alcohol violations? YES/ NO

The above information provided by:

 Name Title Date

1st Attempt _____ 2nd Attempt _____ 3rd Attempt _____

In accordance with Section 382.405 (f) (g) (h), 382.413 & 391.23 of the Federal Motor Carrier Safety Regulations, I hereby authorize any and all persons and/or instructions to provide any relevant information that may be required to complete my qualification.

 Print Name Signature Date

Driver Release Form

The undersigned professional tow truck driver hereby authorizes Hanks Insurance Group, Inc., a Texas corporation, to release his/her vehicle driving records to the following employer:

Apple Towing Co.
2030 Holmes Rd.
Houston, TX 77045

The undersigned intentionally and knowingly releases Hanks Insurance Group, Inc. from any and all claims and actions which may result from such release of information.

Dated: _____

Driver

Company Name: RBEX INC. dba Apple Towing Co.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

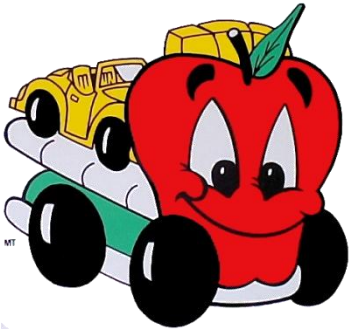
In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title 2, Subtitle D, Chapter 1, of Public law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and you 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.

Applicant's signature

Date

Print name

Social Security number



apple towing co.

I, _____ Driver No. _____ have received the

Print name

Texas Department of Licensing & Regulations

Vehicle Towing

Violations and Fines

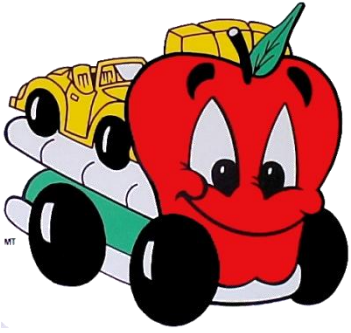
It is my responsibility to read and fully understand the violations and fines. I also understand these fines will apply to the driver as well as Apple Towing Co.

I also understand that I (the driver) will be responsible for all fines assessed to the driver and these fines will be paid.

Failure to comply with TDLR rules and regulations may result in written/verbal reprimands and/or terminations.

Date:

Signature:



apple towing co.

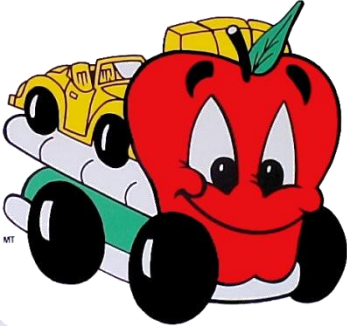
I, _____ Driver No. _____

have received a safety vest valued at \$25.00 from Apple Towing Co. I understand that this vest is the property of Apple Towing Co. and **MUST BE WORN AT ALL TIMES.**

If my employment is terminated I must return the vest to Apple Towing Co., or authorize the amount of \$25.00 to be deducted from my final pay check.

Date:

Signature:



apple towing co.

I, _____ Driver No. _____ have received the

Vehicle Storage Facilities

Occupation Code

Title 14. Regulation of Motor Vehicles and Transportation Chapter 2303

Administered by the Texas Department of Licensing and Regulation

(Effective September 1, 2007)

I understand it is my responsibility to read and fully understand these rules and regulations of TDLR. I also understand that failure to follow these rules and regulations may result in written/ verbal reprimands and/or terminations.

Date:

Signature:

TEXAS DEPARTMENT OF LICENSING AND REGULATION

COMPLIANCE DIVISION / Tow Truck / Vehicle Storage Program

P.O. Box 12157, Austin, Texas 78711

Email: towing@license.state.tx.us

Website Address: www.license.state.tx.us

DRUG TESTING PROCEDURES AND ALCOHOL TESTING PROCEDURES CONSENT AND ACKNOWLEDGMENT FORM

NOTE: TEXAS DEPARTMENT OF LICENSING AND REGULATION RULES AND REGULATIONS DO NOT REQUIRE TESTING FOR ALCOHOL. TESTING FOR ALCOHOL UNDER CERTAIN CIRCUMSTANCES MAY BE A REQUIREMENT OF THE MEMBER COMPANY.

1. _____, an applicant or an employee with _____ (the Company), consent to and acknowledge that I am scheduled to undergo drug and /or alcohol testing.

Test Specimen and Substances: The drug test will involve an analysis of a urine sample, which I shall provide at a designated site. The purpose of the test will be to test for the presence of the following substances: Marijuana, Cocaine, Amphetamines, Phencyclidine (PCP), and Opiates. An alcohol test consist of testing for Breath Alcohol Concentration using a breath testing device approved by the National Highway Traffic Safety Administration.

Specimen Collection: I allow qualified personnel to take and have analyzed suitable specimens to find out if drugs and or alcohol are present in my system.

Release of Test Results: I agree that positive drug screen test results be made available for review by the Medical Review Officer (MRO), the Company, and the Texas Department of Licensing and Regulation (TDLR) in connection with determining whether I violated the drug testing policies established by 16 Texas Administrative Code, Chapters 85 or 86 (the Rules). I further agree that TDLR may use verified positive test results in an administrative hearing to enforce an alleged violation of the Rules. I understand this authorization and consent form is valid under revoked by me in writing. Positive test results from the alcohol test may be released only to the member Company and Medical Review Officer.

Procedures for Confirming and Verifying Positive Results: I understand that a second test of the same urine specimen will confirm an initial positive test. After receiving a confirmed positive, but before verifying that result, I understand that the MRO will make all reasonable attempts to contact me to discuss the test result. If contacted by the MRO, following our discussion and any other proper inquiry, the MRO will determine whether to verify the test result. If the MRO verifies the confirmed positive result, I also understand and consent to the MRO sending the verified positive test results to the Company and the Company notifying the Texas Department of Licensing and Regulation according to the regulations governing my state issued license.

Refusal to Undergo or Obstruct Drug Testing: I understand that I must appear at the designated test site for drug testing with a minimum of 15 minutes and a maximum of 2 hours notification. My failure to appear during the prescribed time will result in a verified positive drug test. I also understand that failure to provide adequate urine for controlled substance testing without a valid medical explanation or providing an adequate breath specimen, and engaging in conduct that clearly obstructs the testing are the same as refusing to test.

Effect of Positive Drug or Alcohol Test: As an applicant, I am aware that a confirmed and verified positive drug test result will rescind my conditional offer of employment. As an employee, I am aware that a confirmed and verified positive drug test or positive alcohol test will cause my removal from towing operation and / or VSF duties and I may be subject to disciplinary action up to termination. I will present a copy of this form to the collection site when I report for my scheduled drug test and / or alcohol test.

Right to have split-sample analyzed: I understand that if a urine sample is verified positive, I have the right to request analysis of the split-sample in a different certified laboratory for the presence of the drug(s) for which a positive result is revealed. I also understand I must give the written request to the MRO within 72 hours of the MRO notification to me of a verified positive test result.

By execution of this consent form, I acknowledge the Company has notified me of the Company's drug and alcohol testing policy.

Printed Name of Applicant or Employee

Signature of Applicant or Employee

Social Security Number

Licensee's TDLR License Number, if applicable

Date