

WESTERN TOWING DRIVER INFORMATION/DATA SHEET

FULL NAME:	LAST:	FIRST:	M.I.	DATE:
ADDRESS:				APT #
CITY:		STATE:	ZIP CODE:	
HM PH:	CELL PH:	E-MAIL:		
DATE AVAILABLE:	S.S. #	-	-	DESIRED SALARY: \$ / PER
POSITIN APPLYING FOR:				
ARE YOU A US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, ARE YOU AUTHORIZED TO WORK IN THE US?		
ARE YOU OVER 23 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WERE YOU EVER DISMISSED FROM EMPLOYMENT?		
		IF YES, EXPLAIN		
HAVE YOU EVER WORKED FOR THIS COMPANY?		IF YES, WHEN?		
JOB TITLE:	STARTING SALARY:	\$	ENDING SALARY:	\$
HAVE YOU EVER BEEN CONVICTED OF A FELONY?		IF YES, EXPLAIN:		
ANY PHYSICAL CONDITION THAT LIMITS YOUR ABILITY TO PERFORM THE JOB YOU'RE APPLYING FOR?				
IF YES, PLEASE EXPLAIN:				
IF HIRED, ARE YOU WILLING TO SUBMIT TO A PHYSICAL EXAM, INCLUDING DRUG SCREENING?				
EDUCATION				
HIGH SCHOOL:		ADDRESS:		
FROM:	TO:	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE:		ADDRESS:		
FROM:	TO:	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE:	
OTHER		ADDRESS:		
FROM:	TO:	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE:	
REFERENCES				
<i>Below list three professional references (not related, and can attest to your professional abilities & character)</i>				
FULL NAME:		RELATIONSHIP?		
COMPANY:			PHONE: ()	
ADDRESS:				
FULL NAME:		RELATIONSHIP?		
COMPANY:			PHONE: ()	
ADDRESS:				
FULL NAME:		RELATIONSHIP?		
COMPANY:			PHONE: ()	
ADDRESS:				

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PREVIOUS EMPLOYMENT

COMPANY:		PHONE: ()	
ADDRESS:		SUPERVISOR:	
JOB TITLE:	STARTING SALARY: \$	ENDING SALARY: \$	
RESPONSIBILITIES:			
FROM:	TO:	REASON FOR LEAVING:	
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE?			<input type="checkbox"/> YES <input type="checkbox"/> NO
COMPANY:		PHONE: ()	
ADDRESS:		SUPERVISOR:	
JOB TITLE:	STARTING SALARY: \$	ENDING SALARY: \$	
RESPONSIBILITIES:			
FROM:	TO:	REASON FOR LEAVING:	
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE?			<input type="checkbox"/> YES <input type="checkbox"/> NO
COMPANY:		PHONE: ()	
ADDRESS:		SUPERVISOR:	
JOB TITLE:	STARTING SALARY: \$	ENDING SALARY: \$	
RESPONSIBILITIES:			
FROM:	TO:	REASON FOR LEAVING:	
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE?			<input type="checkbox"/> YES <input type="checkbox"/> NO

MILITARY SERVICE

BRANCH:	FROM:	TO:
RANK AT DISCHARGE:	TYPE OF DISCHARGE:	
IF OTHER THAN HONORABLE, PLEASE EXPLAIN:		
CURRENT LICENSES HELD: (SPECIFY TYPE, STATE, LICENSE NO., EXPIRATION & ENDORSEMENTS)		
HAVE YOU EVER BEEN INJURED ON THE JOB: IF YES, WHEN?		
HOW LONG WERE YOU OUT OF WORK?		
EXPLAIN INCIDENT:		

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DRIVING EXPERIENCE RECORD

	Type of Vehicle (Van, tank, flat, , etc..)	FROM	TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				
FORKLIFT CERTIFIED?	YES _____ NO _____			

ACCIDENT RECORD FOR THE PAST 3 YEARS

MONTH/YEAR	TYPE OF ACCIDENT	TYPE OF EQUIPMENT	DEATH / INJURIES	DAY/NIGHT	EMPLOYER

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

LOCATION	DATE	CHARGE	PENALTY

ANY DENIAL, REVOCATION, OR SUSPENSION OF ANY LICENSE, PERMIT OR PRIVILEGES TO OPERATE A MOTOR VEHICLE ISSUED? YES _____ NO _____ GIVE STATEMENT OF CIRCUMSTANCES:

WERE YOU SUBJECT TO FWCSR'S IN YOUR LAST JOB OR CONTRACTUAL POSITION YES _____ NO _____

OWNER OPERATOR (NUMBER OF TRUCKS) _____ STATE _____

WAS YOUR PREVIOUS POSITION DESIGNATED AS "SAFETY SENSITIVE" SUBJECT TO CSAT TESTING? YES _____ NO _____

YEAR	MAKE	TYPE	VIN NUMBER	LIC PLATE	STATE	PLATE EXPIRES?

PRE-EMPLOYMENT QUESTIONNAIRE

NAME _____

DATE _____

Have you ever applied to or worked for Western Towing before? _____

If yes, When? _____ Position Applied for or Held? _____

Do you have any friends or relatives working for Western Towing? _____

If yes, please state name and relationship:

Name _____ Relationship _____

Name _____ Relationship _____

Western Towing is open 24 hours a day, 365 days a year. Are there any days or times you are unavailable to work? _____

If yes, when? _____

If hired, would you have a reliable means of transportation to and from work? _____

Describe in detail the most direct route from Pacific Beach to Escondido:

How much is 80% of \$57.00? _____

In detail, where is Parkway Plaza geographically located?

How much is 70% of \$85.00 _____

Describe in detail the most direct route from downtown San Diego to Santee:

Where is the community of Nestor located?

At what point is it appropriate to become rude with a customer? _____

How long will a Diesel motor run on unleaded fuel? _____

Do you know how to drive a standard transmission? _____

1. Please read the following scenario, transferring the pertinent information as needed, to fill in the blanks on the call slip below.

.....”My name is Dorothy Fredrick’s and I work at A.T.T. & T in La Jolla. My work phone number is 452-0799. I live at 320 Broadway in Chula Vista, and my number is 422-6754.

I own a green 1999 Jeep Grand Cherokee, lic # 4AWW629 I purchased it from Rancho Jeep in Kearney Mesa, but for service I use Mark at Carl Burger Dodge in La Mesa.

The jeep is broken down. It won’t start. It is located in the parking lot of Joe’s Market in Hillcrest. The address is 527 4th Avenue, near the intersection of Redwood. I couldn’t stay with it, so I left the key under the floor mat on the driver’s side.

Please call me at work to advise once it’s been towed. Thank You.”

TIME	ETA	PICK UP AREA		DELIVERY AREA		CT
UNIT	UNIT	10-25	10-97	10-8	10-98	
DISP#		MEM/VEH #		PO#		
CUSTOMER NAME						DATE
YR	MAKE/MODEL		COLOR	LIC #		
PROBLEM						
LOCATION						
DESTINATION						
SPECIAL INSTRUCTIONS/BILL TO						
INVOICE #	AMOUNT	MILES		PD CH		
<input type="checkbox"/> CUSTOMER LOC <input type="checkbox"/> KEY LOC				HOME PHONE		
				WORK PHONE		
REOMOMENDED BY				NO. C 288147		