



**TOWING & TRUCK REPAIR**

300 S. Rogers Lane • Raleigh, NC 27610 • Office (919)-790-0496 • Fax – (919)-790-8171  
 WWW.BARBOURSTOWING.COM

Date of Hire \_\_\_\_/\_\_\_\_/\_\_\_\_ (Office use only)

**DRIVER APPLICATION FOR EMPLOYMENT**

Applicants are considered without regard to race, creed, color, sex, religion, age, national origin, or disability.

**Personal Description:**

Full Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle Int.

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip

Phone No. (\_\_\_\_)-\_\_\_\_-\_\_\_\_ In Case of Emergency Notify: \_\_\_\_\_ @ (\_\_\_\_) \_\_\_\_\_

Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Last Three Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Years Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Experience and Qualifications:**

\*\*\*This information will be verified\*\*\*

Valid Drivers License Number: \_\_\_\_\_ From the State of: \_\_\_\_\_ Expires on \_\_\_\_/\_\_\_\_/\_\_\_\_

License Type (I.E. CDL Class A, Class 1, ETC.) \_\_\_\_\_ List CDL Endorsements \_\_\_\_\_

I Certify I do not have more then (1) Drivers License \_\_\_\_\_

Applicants Signature

Has your license, permit, or privilege to operate a commercial motor vehicle even been denied, revoked, or suspended?

NO \_\_\_\_\_ YES \_\_\_\_\_ If Yes Explain \_\_\_\_\_

**Driving Experience:**

Power Equipment	Type of Equipment	Number of Years	States You Have Driven In
Straight Truck			
Tractor Trailer	Power Unit: _____ Trailer: _____		
Bus	School: _____ Coach _____		
Other (Specify)			

**Accident Record Last Three Years**

\*\*\*This information will be verified\*\*\*

Date:	Nature of Accident (Overturn, Jack Knife, Rear End, ETC.)	No. Of Fatalities	Commercial Vehicle	Personal Vehicle



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**Traffic Convictions and Forfeitures Last Three Years (Other than Parking)**

\*\*\*This information will be verified\*\*\*

State	Date	Charge	Penalty	Commercial Vehicle	Personal Vehicle

**Education**

Please circle the 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 the Federal Carrier Safety Regulations? \_\_\_\_\_

Are you now employed? \_\_\_\_\_ When will you be available? \_\_\_\_\_

Are you prevented from lawful employment in this Country because of migration status? \_\_\_\_\_

Have you ever been convicted of a Felony, Misdemeanor, or Criminal Violation? (Circle One) YES NO

**Employment History**

Non-CDL driver applicants must provide 3 years employment history. CDL driver must provide 10 years employment history. This information may be used, and your prior employers may be contacted, for the purpose of investigating your background as required by 49 CFR § 391.23

Have you worked for Barbour's Towing Before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_  
From To

Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Last Employer: Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Area

Address: \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Position \_\_\_\_\_ Supervisors Name \_\_\_\_\_  
Street City State Zip

Did you operate a CDL vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Last Employer: Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Area

Address: \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Position \_\_\_\_\_ Supervisors Name \_\_\_\_\_  
Street City State Zip

Did you operate a CDL vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for leaving: \_\_\_\_\_



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Last Employer: Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Area  
Address: \_\_\_\_\_  
Street City State Zip  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Position \_\_\_\_\_ Supervisors Name \_\_\_\_\_  
Did you operate a CDL vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Last Employer: Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Area  
Address: \_\_\_\_\_  
Street City State Zip  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Position \_\_\_\_\_ Supervisors Name \_\_\_\_\_  
Did you operate a CDL vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Notice to Applicant**

Applicant – If employer has not explained or given a job description, make sure one is given to you and that you fully understand what is expected of you prior to answering the following two questions.

Can you perform the functions described in the job description? \_\_\_\_\_

Please explain how, with or without reasonable accommodation, you will be able to perform those functions \_\_\_\_\_  
\_\_\_\_\_

**Must Be Read and Signed By Applicant**

I agree and understand that any misrepresentations of information given on this form shall be considered an act of falsification. I agree and understand that the employer or his agents may investigate any and all information given on this form to determine its validity.

I agree and understand that if hired, I will on a probationary period during which time I may be discharged without recourse. This certifies that his 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.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Applicants Signature

**Office Use Only**

1st Employer Contacted	____/____/____ Date	_____ Name of Person Contacted	_____ Results
2nd Employer Contacted	____/____/____ Date	_____ Name of Person Contacted	_____ Results
3rd Employer Contacted	____/____/____ Date	_____ Name of Person Contacted	_____ Results
4th Employer Contacted	____/____/____ Date	_____ Name of Person Contacted	_____ Results