

DRIVER APPLICATION FORM

MWS Auto Services, Inc.

950 Allgood Road

Marietta, Georgia 30062

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of MWS Auto Services, Inc.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer;
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

Print Name _____ Date _____

NAME _____
Signature _____ Last _____ First _____ Middle _____

Social Security Number _____ Phone Number _____ Date of Birth _____ Date of Application _____

ADDRESS _____
Street _____ City _____ State _____ Zip _____ Number of years _____

PAST 3 YEAR RESIDENCY _____
Street _____ City _____ State _____ Zip _____ Number of years _____

_____ Street _____ City _____ State _____ Zip _____ Number of years _____

_____ Street _____ City _____ State _____ Zip _____ Number of years _____

Position Applying for: [] NON CDL Wrecker Operator [] CDL Wrecker Operator

Temporary ____ Part Time ____ Full Time ____

Have you ever been convicted of a felony? [] Yes [] No

If so, please explain _____

Have you ever been convicted of a misdemeanor? [] Yes [] No

If so, please explain _____

DRIVER EXPERIENCE & QUALIFICATION LICENSES

Drivers licenses held	State	License No.	Class	Endorsement(s)	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____
 B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

If you answered "yes" to A or B attach a statement giving details.

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT		DATES		APPROX. NO OF MILES (TOTAL)
			FROM (M/Y)	TO (M/Y)	
Straight Truck	Y	N	(VAN, TANK, FLAT, DUMP, REFER)		
Tractor and Semi Trailer	Y	N	(VAN, TANK, FLAT, DUMP, REFER)		
Tractor-Two Trailers	Y	N	(VAN, TANK, FLAT, DUMP, REFER)		
Tractor – Three Trailers	Y	N	(VAN, TANK, FLAT, DUMP, REFER)		

List states operated in during last five years: _____

Employment History

(Use Additional Employment History Information form if necessary.)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record.)

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You are required to list the complete mailing address: street number and name, city, state and zip code!

CURRENT OR LAST EMPLOYER: Name _____ Phone Number _____
 Street Address _____ City _____ State _____ Zip _____
 Position Held _____ From _____ to _____
 (month/year) (month/year)

Reasons for leaving _____
 Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? [] Yes [] No
 *ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

SECOND LAST EMPLOYER: Name _____ Phone Number _____
 Street Address _____ City _____ State _____ Zip _____
 Position Held _____ From _____ to _____
 (month/year) (month/year)

Reasons for leaving _____
 Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? [] Yes [] No
 *ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

THIRD LAST EMPLOYER: Name _____ Phone Number _____
 Street Address _____ City _____ State _____ Zip _____
 Position Held _____ From _____ to _____
 (month/year) (month/year)

Reasons for leaving _____
 Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? [] Yes [] No
 *ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____