

Webb's Towing & Recovery Service
Employment Application

Date: _____

Name: _____
(First) (Middle) (Last)

Date of Birth: ____/____/____ Age: ____ Soc. Sec.No.: ____ - ____ - ____

Address: _____
(Street) (City) (State) (Zip)

Phone #: _____ Pager/Cell: _____ Education Level Completed: _____

Driver's License Information

DL #: _____ Exp.Date: _____ Class: _____

Has your license ever been revoked or suspended? Yes No
If yes, please explain: _____

Do you have any points or violations on your driving record? Yes No
If yes, please explain: _____

Have you ever been terminated due to your driving record? Yes No
If yes, please explain: _____

Have you ever been cited for a DUI / DWI? Yes No
If yes, please explain: _____

Date of last DOT physical: _____

List driving schools, recovery courses, safety awards or driving awards: _____

Have you ever been bonded? Yes No Ever been refused bond? Yes No

Have you ever filed for bankruptcy or had your wages garnished? Yes No
If yes, please explain: _____

Are you currently under a doctors care? Yes No
If yes, please explain: _____

Have you ever filed for lost time or injury through workman's compensation insurance? Yes No
If yes, please explain: _____

Do you have any physical limitations that would effect this job? Yes No
If yes, please explain: _____

Have you ever been convicted of any crime? Yes No If yes, please explain _____

Have you ever been terminated from any job? Yes No
 If yes, please explain: _____

Employment History for last 10 years: (attach additional sheet if necessary)

	Dates of Emp.		Supervisors Name	Position/Title	Reason for Leaving
	Month	Year			
Company Name	From				
Address	Phone	To			
Types of Trucks					
Company Name	From				
Address	Phone	To			
Types of Trucks					
Company Name	From				
Address	Phone	To			
Types of Trucks					

List three character references: (do not list former employers)

Name Address Phone No.

Name Address Phone No.

Name Address Phone No.

It is agreed and understood that Stephen G. Webb, d/b/a Webb's Towing & Recovery Service or it's agents may investigate my background to ascertain any and all information of concern to my record, whether same is of record or not, and I release Stephen G. Webb, d/b/a Webb's Towing & Recovery Service and persons named herein from all liability for any damages on account of their furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I understand this investigation may include a consumer report, information about my character, general reputation, personal characteristics and mode of living.

It is agreed and understood by my signature below that I assume full responsibility for any damages to vehicles, radios and equipment under my care and I agree to pay for damages that I cause to any vehicles, radios and equipment while under my care.

I certify that the answers given herein are true and complete to the best of my knowledge. Any misrepresentations of information shall be considered an act of dishonesty and will effect my immediate termination. It is agreed and understood that this application for employment under the DOT regulations is not way obligates Stephen G. Webb, d/b/a Webb's Towing & Recovery Service to qualify or hire me. It is also understood that if I am hired, I will be placed on a probationary period during which time I may be terminated without recourse.

Date:

Signature



3025 EAST MAIN STREET • LAKELAND, FLORIDA 33801
(863) 687-0304, FAX 606-0601, TOLL FREE 888-687-0305

I hereby consent to submit to the testing for drugs and/or alcohol as shall be determined by **WEBB'S TOWING & RECOVERY SERVICE** in the selection process of applicants for employment, for the purpose of determining the drug and/or alcohol content thereof.

I agree that (Name of clinic or physician) _____

may collect these specimens for these tests and may test them, if qualified, or forward them to a licensed laboratory designated by the company for analysis. I further agree to and hereby authorize the release of results of said test to the company.

I understand that my current use of illegal drugs may prohibit me from being employed at this Company.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant:
Print Name: _____ SS#: _____

Applicant Signature: _____

Date: _____

Witness
Print Name: _____

Witness
Signature: _____

**ACKNOWLEDGMENT AND RELEASE FOR
ALCOHOL/DRUG/SUBSTANCE ABUSE POLICY AND
TESTING PROGRAM – SAMPLE**

I have been told and understand that my employer has a policy whereby employees using or under the influence of alcohol or chemical substances during working hours may be immediately discharged.

I agree that under appropriate circumstances, particularly if I am involved in an accident during working hours, I may be required and will submit to a test administered by a qualified authority that will determine if alcohol or chemical substances are present. I understand that positive results of this test can effect my eligibility for workers' compensation benefits.

I further understand that employment and continued employment depends upon my agreement to submit at any time and without prior notice to a drug/alcohol screen. I further understand that refusal to submit voluntarily to such tests or the detection of the presence of alcohol or drugs by such a test will result in my immediate discharge.

This policy has been read to me and I fully understand it.

Name

Date

Witness

Date

I do hereby authorize my employer or representative of my employer to obtain medical reports, records, or tests which indicate the presence of alcohol or chemical substances in my body.

I agree that a photostat of this authorization be accepted if necessary.

Name

Date

Witness

Date