

BIG AL'S TOWING & RECOVERY, LLC

6520 Hinesley Road Cheyenne, WY 82001; Phone (307) 632-6999 Fax (307) 632-7007

APPLICATION FOR EMPLOYMENT

Name: FIRST-MIDDLE LAST (AS IT APPEARS ON SOCIAL SECURITY CARD)		SOCIAL SECURITY NO.		TODAY'S DATE	
DATE OF BIRTH:	FORMER NAME:	PHONE:	DRIVERS LICENSE NO. & EXPIRATION:		
List below all address at which you have lived in the last (5) years starting with your present address:					
	STREET ADDRESS	CITY	STATE	ZIP CODE	DATE FROM TO
PRESENT ADDRESS					
PREVIOUS ADDRESS					
PREVIOUS ADDRESS					
PREVIOUS ADDRESS					
PREVIOUS ADDRESS					
POSITION APPLIED FOR:		RATE OF PAY EXPECTED:		DATE AVAILABLE TO START:	
ARE YOU ABLE TO WORK ANY DAY OF THE WEEK AND ANY SHIFT DURING THE DAY? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF NO, WHAT DAY(S) OF THE WEEK OR SHIFT(S) CAN YOU WORK? _____					
HIGH SCHOOL			ADDRESS		
DATES ATTENDED:		DID YOU GRADUATE?		DEGREE/AREA OF STUDY	
FROM	TO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
COLLEGE			ADDRESS		
DATES ATTENDED:		DID YOU GRADUATE?		DEGREE/AREA OF STUDY	
FROM	TO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
CERTIFICATIONS RECEIVED:					
Have you ever served in the U.S. military or Armed Forces? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what branch _____					
Your primary specialty: _____ Rank at discharge: _____					
Type of Discharge: _____					
Have you ever been convicted of a crime involving alcohol or other controlled substance, arson, explosives, firearms, or other weapons, theft, dishonesty, threats, or violence under your current or any other name? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe below: <small>Note: A conviction will not necessarily prevent you from being offered employment.</small> Offense: _____ Date Convicted: _____ Penalty: _____ Disposition: _____ Name under which you were convicted: _____					
Have you ever applied to this company before? YES _____ NO _____ If yes, when? _____					

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How did you hear about this position? _____
EMPLOYMENT, EDUCATION, AND MILITARY RECORD, ETC.: LIST PRESENT AND ALL PREVIOUS EMPLOYMENT, MILITARY SERVICE, AND EDUCATIONAL EXPERIENCE DURING THE PAST TEN (10) YEARS. INCLUDE ALL PERIODS OF UNEMPLOYMENT LASTING SIX MONTHS OR MORE.
ARE YOU CURRENTLY EMPLOYED? YES _____ NO _____ IF YES, HOW MUCH NOTICE WILL YOU NEED TO GIVE? _____
MONTH/YEAR HIRED: _____ MAY WE CONTACT YOUR CURRENT EMPLOYER? _____
COMPANY NAME: _____
ADDRESS: _____
PHONE: _____ SUPERVISOR NAME & TITLE: _____
TYPE OF BUSINESS: _____ YOUR POSITION: _____
DUTIES/RESPONSIBILITIES: _____ _____
REASON FOR LEAVING: _____
STARTING RATE OF PAY: _____ ENDING RATE OF PAY: _____
DATES EMPLOYED: _____ MAY WE CONTACT EMPLOYER? _____
COMPANY NAME: _____
ADDRESS: _____
PHONE: _____ SUPERVISOR NAME & TITLE: _____
TYPE OF BUSINESS: _____ YOUR POSITION: _____
DUTIES/RESPONSIBILITIES: _____ _____
REASON FOR LEAVING: _____
STARTING RATE OF PAY: _____ ENDING RATE OF PAY: _____
DATES EMPLOYED: _____ MAY WE CONTACT EMPLOYER? _____
COMPANY NAME: _____
ADDRESS: _____
PHONE: _____ SUPERVISOR NAME & TITLE: _____
TYPE OF BUSINESS: _____ YOUR POSITION: _____
DUTIES/RESPONSIBILITIES: _____ _____
REASON FOR LEAVING: _____
STARTING RATE OF PAY: _____ ENDING RATE OF PAY: _____

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DATES EMPLOYED: _____	MAY WE CONTACT EMPLOYER? _____
COMPANY NAME: _____	
ADDRESS: _____	
PHONE: _____	SUPERVISOR NAME & TITLE: _____
TYPE OF BUSINESS: _____	YOUR POSITION: _____
DUTIES/RESPONSIBILITIES: _____	
REASON FOR LEAVING: _____	
STARTING RATE OF PAY: _____	ENDING RATE OF PAY: _____
DATES EMPLOYED: _____	MAY WE CONTACT EMPLOYER? _____
COMPANY NAME: _____	
ADDRESS: _____	
PHONE: _____	SUPERVISOR NAME & TITLE: _____
TYPE OF BUSINESS: _____	YOUR POSITION: _____
DUTIES/RESPONSIBILITIES: _____	
REASON FOR LEAVING: _____	
STARTING RATE OF PAY: _____	ENDING RATE OF PAY: _____
DATES EMPLOYED: _____	MAY WE CONTACT EMPLOYER? _____
COMPANY NAME: _____	
ADDRESS: _____	
PHONE: _____	SUPERVISOR NAME & TITLE: _____
TYPE OF BUSINESS: _____	YOUR POSITION: _____
DUTIES/RESPONSIBILITIES: _____	
REASON FOR LEAVING: _____	
STARTING RATE OF PAY: _____	ENDING RATE OF PAY: _____
ONLY FILL THIS SECTION OUT IF YOU NEED MORE SPACE FOR ABOVE POSITIONS (LIST POSITION FIRST AND THEN CONTINUE AS NEEDED):	

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DISPATCH/CLERICAL/ADMINISTRATIVE ONLY

Place a check next to all the skills or types of work in which you have had training or experience. Indicate the number of years training/experience for each skill/type of work.

SKILL	Number Training Years	Number Experience Years	SKILL	Number Training Years	Number Experience Years
Typing WPM			Dispatch		
Shorthand WPM			Switch Board		
Computer Word Processing			Accounts Payable		
Computer Spread Sheet			Accounts Receivable		
Microsoft Word			Customer Service		
Microsoft Excel			Microsoft Outlook		

LIST THE COMPUTER PROGRAMS AND EQUIPMENT THAT YOU ARE MOST FAMILIAR WITH:

HOW WOULD YOU RATE YOUR CUSTOMER SERVICE SKILLS? (Please explain in detail)

Applicant – Do Not Write Below This Line (Continue To Last Page of Application)

Typing Test Results: _____

Additional Testing Results:

Interview Notes:

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DRIVER APPLICATION ONLY

License Number: _____ State: _____ Date Issued: _____ Date Expired: _____

List All Current Endorsements: _____

Have you ever had either your personal or Commercial Driver's License, permit or privileges denied, revoked or suspended? _____

Have you ever had either your personal or Commercial Driver's License, permit or privileges denied, revoked or suspended? _____

Please explain with dates: _____

Have you been convicted or forfeited bond or collateral for violation of Motor Vehicle Laws or Ordinances (other than parking) During the past four (4) years prior to the date of this application? YES _____ NO _____ If Yes, complete below

DATE	NATURE OF VIOLATION	STATE	PENALTY

Have you ever had any Commercial Motor Vehicle Accidents? YES _____ NO _____

List below all accidents you have had while operating any type of motor vehicle during the past five (5) years:

DATE	NATURE OF ACCIDENT	NO. OF DEATHS	NO. OF INJURIES	VEHICLE TYPE

Type of vehicle	Gas	Diesel	Years Of Experience	States Driven
Straight Truck				
Tow Truck				
Roll-back				
Light Duty				
Medium Duty				
Heavy Duty				
Tractor Trailer				
Double				
Single				
Triple				

Have you ever refused to be tested or tested positive on an alcohol or controlled substances test based on DOT Federal Motor Carrier Safety Regulations in the past 2 years? YES _____ NO _____

If yes, can you provide Documentation from the substance abuse professional certifying that you have successfully completed the prescribed treatment and have been recommended to a DOT regulated safety sensitive position as specified in the Federal Motor Carrier Safety Regulations? YES _____ NO _____

Date of Last DOT Physical _____ IF KNOWN PLEASE PROVIDE

Did you qualify? _____ Doctor's Name: _____

Any Restrictions? _____ Doctor's Address: _____

Doctor's Phone: _____

Pursuant to the Provisions of paragraph (b) (10) of Section 391.21 pf the Federal Motor Carrier Safety Regulations you are hereby Notified that if you are to be considered for employment by Big Al's Towing & Recovery, LLC th information in which you have provided in Accordance with the paragraph may be used, and your prior employers may be contacted for the purpose of investigating your background as required by Section 391.23.

DRIVER APPLICANT SIGNATURE: _____ DATE: _____

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This Application will remain active for a period of three (3) months from the date of application.

All applicants must read and sign below:

It is agreed and understood that:

1. Completing this application will in no way assure that I will be employed.
2. This application was completed by me; all entries on it and information in it are true and complete to the best of my knowledge and any misrepresentations of information given shall be considered an act of dishonesty subjecting me to disqualification or discharge. I will furnish freely such information or documents that may be required to complete my employment file.
3. In consideration of my being considered for employment and or being employed I hereby agree to submit to physical examinations and tests as may be required by the company, and I do hereby (1) grant release and assign unto Big Al's Towing & Recovery, LLC all rights, title and interest that I may subsequently acquire in all records and reports arising out of or in connection with said examinations and tests and (2) waive all rights to be advised on the content of said records and reports or to receive copies thereof, without prior written consent of Big Al's Towing & Recovery, LLC.
4. If employed, I agree (1) to conform to the rules and regulations of Big Al's Towing & Recovery, LLC and (2) that my employment relationship with Big Al's Towing & Recovery, LLC is voluntarily and acknowledge that there is no specified length of employment. Accordingly, either I or the company can terminate the relationship at will, for any reason, with or without cause, at any time. I further understand and agree that consistent with this policy of at-will employment, the Company can discipline, demote or suspend me or decrease pay as it sees fit, at its sole and absolute discretion, with or without advance warning. I understand that the terms and conditions herein set forth may only be modified by written agreement jointly executed by myself and the President of the Company.

I hereby authorize Big Al's Towing & Recovery, LLC, or its agents (1) to investigate my previous record of employment to ascertain any and all information which may concern my record whether same is of record or not and I release my former employer from all liability for any damage on account of furnishing such information; (2) to investigate my previous scholastic record, and pursuant to the Family Educational Rights and Privacy Act of 1974, I authorize release of my education records by any educational agency or institution which I have attended; (3) to secure an investigate consumer report pursuant to Section 606 of the Fair Credit Reporting Act, including information as to my character, general reputation, personal characteristics and mode of living, whichever are applicable, provided that I may receive the name and address of the investigating consumer reporting agency from whom I may make a written request to receive full disclosure of any such investigative consumer report to receive same; and (4) to investigate my background, including criminal records, and obtain such other information lawfully available to Big Al's Towing & Recovery, LLC as it deems appropriate and I release the supplier of such information from all liability for any damage that may result from releasing such information.

SIGNATURE _____ DATE: _____

PRINTED NAME _____

Big Al's Towing & Recovery, LLC Equal Employment Opportunity Policy

It is Big Al's Towing & Recovery, LLC's policy to select the best qualified person for each position in the company. The Company will not discriminate against any applicant because of race, color, religion, sex, age, national origin, handicap, marital status or veteran status. This policy applies to all employment practices and personnel actions.

Recognizing the value of using human resources to their fullest, the company has developed and instituted policies and procedures to ensure that it will (a) Recruit, hire, train, and promote persons, in all job classifications without regard to age, race, color religion, national origin, sex or physical or mental handicap, (b) Base decisions on employment to further the principle of equal employment opportunity, (c) Base promotion decisions on principles of equal opportunity by imposing only valid requirements for promotional opportunities, (d) Administer all personnel actions such as compensation, benefits, transfers, layoffs, returns from layoffs, terminations, and Company sponsored programs without regard to age, race, color, religion, national origin, sex or physical or mental handicap. (e) Maintain a nondiscriminatory job environment free of sexually harassing conduct.

Applicant – Do Not Write Below This Line

First Interview Date & Time: _____

Hiring Mgr. Approval: _____

Ride along/Second Interview Date & Time: _____

President Approval: _____

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