

# Rick's Wrecker Service

## EMPLOYMENT APPLICATION

**EQUAL OPPORTUNITY EMPLOYER.** It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely of the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, or physical or mental disability, except where a reasonable, bona fide occupational qualification exists.

Please type or print in ink.

Today's Date:

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ How long? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Phone #1 \_\_\_\_\_ Contact Phone #2 \_\_\_\_\_

Previous Address \_\_\_\_\_ How Long \_\_\_\_\_

Position for which you are applying: Flat-Bed Driver \_\_\_\_\_ Medium & Heavy Driver \_\_\_\_\_ Both \_\_\_\_\_

Are you willing to be on call 24/7? \_\_\_\_\_ Weekends? \_\_\_\_\_ Holidays? \_\_\_\_\_

Do you have a CDL ? \_\_\_\_\_ What Endorsements? Do you have a TDLR Towing License? \_\_\_\_\_

Are you able to lift 50 lbs. ? \_\_\_\_\_ Are you willing to take pre-employment physical & drug test? \_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with us?

Are you willing to purchase required tools to perform your job? \_\_\_\_\_ Example: Jump Box, Lock-Out Tools, GPS

### Education and Training

High School Graduate? \_\_\_Y or N\_\_\_. College Graduate? \_\_\_Y or N\_\_\_.

Trade School? \_\_\_Y or N\_\_\_. List any other education, training, special skills or certificates/licenses that you possess related to the job \_\_\_\_\_ . Can you read a map? \_\_\_Y or N\_\_\_.

List any machines or equipment on which you are qualified and experienced in operating.

Can you use a keyboard? \_\_\_Y or N\_\_\_ Words per minute? \_\_\_\_\_. Computer skills? \_\_\_Y or N\_\_\_.

List any languages that you fluently speak \_\_\_\_\_. Do you Read and Write? \_\_\_Y or N\_\_\_

Do you have a valid driver's license in this state? \_\_\_Y or N\_\_\_ Class \_\_\_\_\_

Military experience? \_\_\_\_\_ Reserves? \_\_\_\_\_ Rank at separation? \_\_\_\_\_

Can you, after employment, submit verification of your legal right to work permanently in the U.S.? \_\_\_Y or N\_\_\_. Are you 16 years old or over? \_\_\_Y or N\_\_\_ If under 18, state age \_\_\_\_\_.

GENERAL INFORMATION (continued)

Have you ever been convicted of a felony, or pleaded no contest to a felony, or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500.00 during the last ten years? (Criminal convictions are not an automatic bar to employment but will only be considered in relation to specific job requirements.)

\_\_\_ Y or N \_\_\_.

If yes, explain \_\_\_\_\_

Can you perform the essential functions of the job? \_\_\_ Y or N \_\_\_.

Do you require any accommodation to perform the essential functions of the job? \_\_\_ Y or N \_\_\_.

EMPLOYMENT HISTORY

List all work experience beginning with the present or most Recent job ( use back of application, if necessary).

Name of Employer	Type of Business
Address	City State Zip
Dates Employed (from - to)	Title
Name and title of supervisor	Telephone number
May we contact? ___ Y or N ___	Was Employment ___ Part time ___ Full time
Brief Description of duties?	
Reason for Leaving?	

Name of Employer	Type of Business
Address	City State Zip
Dates Employed (from - to)	Title
Name and title of supervisor	Telephone number
May we contact? ___ Y or N ___	Was Employment ___ Part time ___ Full time
Brief Description of duties?	
Reason for Leaving?	

Name of Employer	Type of Business
Address	City State Zip
Dates Employed (from - to)	Title
Name and title of supervisor	Telephone number
May we contact? ___ Y or N ___	Was Employment ___ Part time ___ Full time
Brief Description of duties?	
Reason for Leaving?	

Name of Employer	Type of Business
Address	City State Zip
Dates Employed (from – to)	Title
Name and title of supervisor	Telephone number
May we contact? ___Y or N___	Was Employment ___Part time___ Full time
Brief Description of duties?	
Reason for Leaving?	Last Salary?

REFERENCES (List three individuals-not employers or relatives-know to you for at least three years.)

NAME AND ADDRESS	OCCUPATION	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Person to be notified in case of emergency: Name: \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address: \_\_\_\_\_

Please include any other information you think would be helpful to us in considering your for employment, such as additional work experience, articles/books published, activities, honors received, etc. (You may omit all information that would indicate age, sex, race, religion, color, national origin, or handicap.)

**AGREEMENT** (Please read the following carefully.)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give Rick's Automotive Inc. any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and Rick's Automotive Inc. from liability for any damage that may result from furnishing same to Rick's Automotive Inc.

I understand that Rick's Automotive Inc. will provide workers' compensation insurance coverage for its employees. In the event of an injury in the work place, I agree that my sole remedy lies in coverage under Rick's Automotive workers' compensation insurance policy.

If employed by Rick's Automotive Inc., I agree to conform to the rules and regulations of Rick's Automotive Inc. I understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of either myself or Rick's Automotive Inc. with the understanding there is no written or oral agreement for any specified period of time or to make any assurance or promise of continued employment.

I understand and agree that I may be required to take a drug and alcohol-screening test. I hereby give my voluntary consent for a blood and or urine sample to be collected from me and submitted for testing. I also consent to the release of the test results to Rick's Automotive Inc. for its use. I understand that any positive drug or alcohol results may preclude my employment.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**ZURICH PROGRAMS & DIRECT MARKETS  
MVR DEPARTMENT  
913-906-2535**

**New Hire MVR Request Fax Form  
AFTERMARKET REQUEST**

\*\*\*\*\*MUST BE FILLED OUT LEGIBLY. IF IT IS NOT LEGIBLE IT WILL INCREASE THE AMOUNT OF TIME NEEDED TO PROCESS YOUR REQUEST. \*\*\*\*\*

**Company Information:**

Account #: \_\_\_\_\_

Account Name as listed on your policy: \_\_\_\_\_

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

City and State of Account: \_\_\_\_\_

Name of person to contact with MVR results: \_\_\_\_\_

CONFIDENTIAL FAX #: (\_\_\_\_) \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_

**Prospect Information:**

Full Legal Name *as it appears* on DL: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_

Drivers License#: \_\_\_\_\_

State of Issuance: \_\_\_\_\_

Job Title: \_\_\_\_\_

If newly issued DL #, please provide previous number and state \_\_\_\_\_

**AUTHORIZATION FOR COMPANY TO OBTAIN A DRIVER'S LICENSE REPORT**

In compliance with the Fair Credit Reporting Act, we hereby notify you that for employment purposes we may request a consumer report in connection with your application for employment or in connection with your employment. It is our normal practice to limit the consumer report to driving records available from the appropriate state departments of motor vehicles.

I voluntarily authorize Zurich to obtain a consumer report for the purposes of business insurance underwriting. I acknowledge that Zurich is not my employer or perspective employer and will not make any employment decision relating to me. I understand agree that I can revoke this authorization only in writing and the revocation will be effective only upon receipt.

**SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

\*Date of Birth information will be used by the consumer reporting agency to try to insure an accurate investigation. It will not be used in any employment decision.

**ZURICH PROGRAMS & DIRECT MARKETS  
AFTERMARKET REQUEST  
Fax Number 913-906-2535**