

**TOWING PROFESSIONAL'S APPLICATION FOR EMPLOYMENT  
DRIVER'S  
COWBOY TOWING  
2204 RAPER BLVD.  
ARLINGTON, TEXAS 76013  
817/461-4005  
FAX: 817/5481542**

Cowboy Towing is an equal opportunity employer and adheres to the principles outlined in the Civil Rights Act of 1964 which prohibits discrimination in employment on the basis of race, sex, religion or national origin and Public Law 90-202 which prohibits discrimination based on age.

This application will be given every consideration, but its receipt does not imply that the application will be employed. Any offer of employment with Cowboy Towing is contingent upon the application successfully taking and passing a medical examination and NIDA-5-Pre-Placement Drug Test. Each question on this application must be answered completely, accurately, and legibly. No action will be taken until all questions are answered.

**PERSONAL INFORMATION:**

**Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Home Telephone: (\_\_\_\_\_) \_\_\_\_\_  
Last First Middle Area Code

Present Address: \_\_\_\_\_  
Street Apt. No. City State Zip

Addresses for the Past Three Years:

\_\_\_\_\_  
Street Apt. No. City State Zip

\_\_\_\_\_  
Street Apt. No. City State Zip

\_\_\_\_\_  
Street Apt. No. City State Zip

Date of Birth: \_\_\_\_\_ Email address: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Class and Endorsement \_\_\_\_\_

TRAA National Certification No. \_\_\_\_\_ TDLR License No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Do you have a legal right to work in the U.S.? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been convicted of a crime other than moving violations, including DUI? \_\_\_\_\_

If yes, state the offense, location, date and disposition: \_\_\_\_\_

Who should be contacted in case of an emergency? \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Telephone No.

Date you will be available to start work: \_\_\_\_\_

Have you ever applied to this company before: YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever worked for this company before: YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered "YES" to either of the above questions, state when and where you applied and/or worked: \_\_\_\_\_

How did you learn of this company and/or this position? \_\_\_\_\_

Are you now or do you expect to be engaged in any other work? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been denied a driver's license, permit or privilege to drive? YES \_\_\_\_\_ NO \_\_\_\_\_

Has any license, permit or privilege to drive ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

**IF THE ANSWER TO EITHER QUESTIONS IS YES, PLEASE ATTACH A SEPARATE SHEET GIVING DETAILS.**

**EMPLOYMENT HISTORY:**

**All driver applications MUST list previous employment history, with no gaps between dates of employment. If you were unemployed, show the dates of unemployment. Please list all employers in reverse order starting with the most recent.**

**\*\*PLEASE INCLUDE ANY HISTORY RELATING TO THE TOWING INDUSTRY.\*\***

EMPLOYER		DATES OF EMPLOYEMNT		
NAME:	FROM:			STARTING SALARY:
ADDRESS:	TO:			ENDING SALARY:
CITY, STATE, ZIP:		POSITION HELD:		
SUPERVISOR:		PRIMARY DUTIES:		
PHONE NUMBER:		REASON FOR LEAVING:		

EMPLOYER		DATES OF EMPLOYEMNT		
NAME:	FROM:			STARTING SALARY:
ADDRESS:	TO:			ENDING SALARY:
CITY, STATE, ZIP:		POSITION HELD:		
SUPERVISOR:		PRIMARY DUTIES:		
PHONE NUMBER:		REASON FOR LEAVING:		

EMPLOYER		DATES OF EMPLOYEMNT		
NAME:		FROM:		STARTING SALARY:
ADDRESS:		TO:		ENDING SALARY:
CITY, STATE, ZIP:		POSITION HELD:		
SUPERVISOR:		PRIMARY DUTIES:		
PHONE NUMBER:		REASON FOR LEAVING:		

EMPLOYER		DATES OF EMPLOYEMNT		
NAME:		FROM:		STARTING SALARY:
ADDRESS:		TO:		ENDING SALARY:
CITY, STATE, ZIP:		POSITION HELD:		
SUPERVISOR:		PRIMARY DUTIES:		
PHONE NUMBER:		REASON FOR LEAVING:		

EMPLOYER		DATES OF EMPLOYEMNT		
NAME:		FROM:		STARTING SALARY:
ADDRESS:		TO:		ENDING SALARY:
CITY, STATE, ZIP:		POSITION HELD:		
SUPERVISOR:		PRIMARY DUTIES:		
PHONE NUMBER:		REASON FOR LEAVING:		

EMPLOYER		DATES OF EMPLOYEMNT		
NAME:		FROM:		STARTING SALARY:
ADDRESS:		TO:		ENDING SALARY:
CITY, STATE, ZIP:		POSITION HELD:		
SUPERVISOR:		PRIMARY DUTIES:		
PHONE NUMBER:		REASON FOR LEAVING:		

<b>EMPLOYER</b>		<b>DATES OF EMPLOYEMNT</b>		
NAME:		FROM:		STARTING SALARY:
ADDRESS:		TO:		ENDING SALARY:
CITY, STATE, ZIP:			POSITION HELD:	
SUPERVISOR:			PRIMARY DUTIES:	
PHONE NUMBER:			REASON FOR LEAVING:	

**IF MORE ROOM IS NECESSARY, PLEASE ATTACH ADDITIONAL SHEETS.**

**EDUCATION:**

HIGH SCHOOL GRADE COMPLETED: \_\_\_\_\_

YEARS OF COLLEGE COMPLETED: \_\_\_\_\_

SOFTWARE CERTIFICATES: \_\_\_\_\_

TRADE SCHOOLS: \_\_\_\_\_

LANGUAGES SPOKEN: \_\_\_\_\_

**DRIVING HISTORY:**

	DATES	TYPE OF ACCIDENT	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS (OTHER THAN PARKING VIOLATIONS):**

DATE	LOCATION	CHARGE	PENALTY

**DRIVER LICENSES – QUALIFICATIONS:**

STATE	LICENSE NUMBER	CLASS	EXPIRATION DATE

**DRIVING EXPERIENCE:**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANKER, ETC.)	DATES		APPROXIMATE NUMBER OF MILES
		FROM	TO	

List states operated in for last five (5) years: \_\_\_\_\_  
 \_\_\_\_\_

List any towing related training you may possess: \_\_\_\_\_  
 \_\_\_\_\_

List any special equipment or technical materials that you work with: \_\_\_\_\_  
 \_\_\_\_\_

1. Will you abide by the safety rules of Cowboy Towing? YES\_\_\_\_ NO\_\_\_\_
2. Are you willing to take a physical exam? YES\_\_\_\_ NO\_\_\_\_
3. Do you take any illegal or non-prescribed drugs? YES\_\_\_\_ NO\_\_\_\_
4. Are you willing to take a drug screen and alcohol screen? YES\_\_\_\_ NO\_\_\_\_
5. How many days have you missed from work in the past three (3) years? Number of days"\_\_\_\_\_
6. Are you able to stand and walk for long periods of time? YES\_\_\_\_ NO\_\_\_\_
  - a. Are you able to perform this job without any special accommodations? YES\_\_\_\_ NO\_\_\_\_
  - b. Are you able to lift up to 75 lbs.? YES\_\_\_\_ NO\_\_\_\_
  - c. Are you able to push average vehicle on level grade in order to position vehicle for towing? YES\_\_\_\_ NO\_\_\_\_

**APPLICANT’S AFFIDAVIT:**

I certify that this application was completed by me and that the answers given by me to the foregoing questions and statements are true and correct without any consequential omissions of any kind whatsoever. I understand that my misleading or incorrect statements may render this application void, and, if employed, would be cause for my termination. I further agree that COWBOY TOWING shall not be liable, in any respect, if my employment is terminated because of false statements, answers or omissions made by me in this application. I certify that all statements and answers to questions about my health are true and were made without reservations, agree to expressly waive all provisions of law prohibiting any physician, person, hospital or other institution from disclosing to COWBOY TOWING any information regarding treatment rendered now or in the future. I further understand that taking drug and alcohol tests are a condition of my employment with COWBOY TOWING and refusal to take such tests when asked will subject me to termination. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries made in connection with my application.

I hereby acknowledge and understand that, unless otherwise defined by applicable law, any employment relationship with COWBOY TOWING is of an “at will” nature, which means that the employee may resign at any time and COWBOY TOWING may discharge the employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless an authorized representative of COWBOY TOWING specifically acknowledges such change in writing.

I understand this application for employment shall be considered active for a period of time not to exceed sixty (60) days. If I wish to be considered for employment beyond this time period, I should inquire as to whether or not applications are being accepted at that time.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE OF APPLICATION

**FOR COMPANY USE ONLY**

PROCESS RECORD		TRANSFERS	
Applicant Hired:		From:	
Beginning Salary:		To:	
Date of Review:		Reason:	
Supervisor:			
Date Terminated:		From:	
Voluntary Termination:		To:	
Dismissed:		Reason:	
Other:			
Reason(s) for Termination:		From:	
		To:	
		Reason:	

**COWBOY TOWING**  
**2204 Raper Blvd.**  
**Arlington, Texas 76013**  
**817-461-4005**  
**Fax: 817-548-1542**

**Release for Criminal Background Check**  
**For**  
**Prospective Employees**

I, \_\_\_\_\_, give my permission for Cowboy Towing to perform a criminal background check with the State of Texas and the City of Dalworthington Gardens Police Department.

**Full Legal Name:** \_\_\_\_\_

**Driver's License No./State/Expiration:**

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

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

**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