**Application for Employment** 

Company Name: B & B Garner Inc dba Atlas Towing & Recovery

Street

Address: 401 Railroadt St, Suite 411 City, State, Zip: Elko, NV 89801

Phone#: 775-778-5100

Position Applied for Name of Applicant

CPCN# 7193

Date of Application	

## **Hire Date:**

(Must be after Negative test results received)



rame of Applicant					
	Last	First		Middle	
Date of Birth		Social Security Number	Social Security Number		
<u> </u>		·			
<b>Current Address</b>					
	Street	City	State	Zip	How Long?
<u>.</u>	List your	addresses of residency for the p	ast 3 years		
Previous Address					
	Street	City	State	Zip	How Long?
Previous Address					
	Street	City	State	Zip	How Long?
Previous Address					

### **Employment History**

City

State

Zip

How Long?

## (Non-CDL-3 years of history & CDL - 10 years of history)

All driver applicants's to drive in interstate or intrastate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information, (for a total of 10 years), on those employers for whom the applicant operated such vehicles. Start with the most recent employer. Add another sheet if necessary.

Employer Name		Dates Employed	From:	To:
Employer Address			Phone#	
Reason for Leaving		<b>Contact Person</b>		
Position Held		Wage/Salary		
Were you subject to	FMCSR's while employed by this employer:		Yes	No
Was job designated	as a safety sensitive function in any DOT regulated mode sul	bject to alcohol and	d Yes	No
controlled substance	s testing requirement as required by 49 CFR part 40			
<b>Employer Name</b>		Dates Employed	From:	To:
<b>Employer Address</b>			Phone#	
Reason for Leaving		<b>Contact Person</b>		
Position Held		Wage/Salary		
Were you subject to	FMCSR's while employed by this employer:		Yes	No
Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and Yes No				No
controlled substances testing requirement as required by 49 CFR part 40				
Employer Name		Dates Employed	From:	To:
Employer Address			Phone#	

Reason for Leaving	Contact 1	Person			
Position Held	Wage/Sal				
Were you subject to FMCSR's while employed by this employer:				No	
Was job designated	Yes Yes	No			
	es testing requirement as required by 49 CFR part 40	conor unc		110	
	g - quantum quantum quantum punt				
Employer Name	Dates Em	ploved	From:	To:	
Employer Address			Phone#		
Reason for Leaving	Contact 1	Person			
Position Held	Wage/Sal				
	FMCSR's while employed by this employer:	J	Yes	No	
	as a safety sensitive function in any DOT regulated mode subject to ale	cohol and		No	
	es testing requirement as required by 49 CFR part 40				
				1 1	
Employer Name	Dates Em	ployed	From:	To:	
Employer Address			Phone#		
Reason for Leaving	Contact 1	Person		•	
Position Held	Wage/Sal				
	FMCSR's while employed by this employer:	•	Yes	No	
	as a safety sensitive function in any DOT regulated mode subject to ale	cohol and		No	
	es testing requirement as required by 49 CFR part 40				
	g ign i i i i i i i i i i i i i i i i i				
Employer Name	Dates Em	ployed	From:	To:	
Employer Address			Phone#		
Reason for Leaving	Contact 1	Person		1	
Position Held	Wage/Sal				
	FMCSR's while employed by this employer:	J	Yes	No	
	as a safety sensitive function in any DOT regulated mode subject to ale	cohol and		No	
	es testing requirement as required by 49 CFR part 40	conor unc		110	
i comu oncu substanc					
controlled substance	<u> </u>			<u> </u>	
		ploved	From:	To:	
Employer Name	Dates Emp	ployed	From: Phone#	То:	
Employer Name Employer Address	Dates Em	· · ·	From: Phone#	То:	
Employer Name Employer Address Reason for Leaving	Dates Em	Person		То:	
Employer Name Employer Address Reason for Leaving Position Held	Dates Emp  Contact I  Wage/Sal	Person	Phone#		
Employer Name Employer Address Reason for Leaving Position Held Were you subject to	Dates Emp  Contact I  Wage/Sa  FMCSR's while employed by this employer:	Person lary	Phone# Yes	No	
Employer Name Employer Address Reason for Leaving Position Held Were you subject to Was job designated	Dates Em  Contact I  Wage/Sa  FMCSR's while employed by this employer: as a safety sensitive function in any DOT regulated mode subject to ale	Person lary	Phone# Yes		
Employer Name Employer Address Reason for Leaving Position Held Were you subject to Was job designated	Dates Emp  Contact I  Wage/Sa  FMCSR's while employed by this employer:	Person lary	Phone# Yes	No	
Employer Name Employer Address Reason for Leaving Position Held Were you subject to Was job designated	Dates Employed by this employer: as a safety sensitive function in any DOT regulated mode subject to aless testing requirement as required by 49 CFR part 40	Person lary cohol and	Yes Yes Yes	No	
Employer Name Employer Address Reason for Leaving Position Held Were you subject to Was job designated controlled substance	Dates Emp  Contact I  Wage/Sal  FMCSR's while employed by this employer: as a safety sensitive function in any DOT regulated mode subject to ale est testing requirement as required by 49 CFR part 40  Unexpired commercial motor vehicle operator's license or p	Person lary cohol and	Yes Yes formation	No No	
Employer Name Employer Address Reason for Leaving Position Held Were you subject to Was job designated controlled substance  Issuing State	Dates Employed by this employer: as a safety sensitive function in any DOT regulated mode subject to aless testing requirement as required by 49 CFR part 40  Unexpired commercial motor vehicle operator's license or p  License No. & Class	Person lary cohol and	Yes Yes Formation Expirat	No No No Date	
Employer Name Employer Address Reason for Leaving Position Held Were you subject to Was job designated controlled substance  Issuing State Issuing State	Contact I Wage/Sa  FMCSR's while employed by this employer: as a safety sensitive function in any DOT regulated mode subject to ale es testing requirement as required by 49 CFR part 40  Unexpired commercial motor vehicle operator's license or p  License No. & Class License No. & Class	Person lary cohol and	Yes Ves Expiration Expiration Expiration	No No No Date Lion Date	
Employer Name Employer Address Reason for Leaving Position Held Were you subject to Was job designated controlled substance  Issuing State	Dates Employed by this employer: as a safety sensitive function in any DOT regulated mode subject to aless testing requirement as required by 49 CFR part 40  Unexpired commercial motor vehicle operator's license or p  License No. & Class	Person lary cohol and	Yes Ves Expiration Expiration Expiration	No No No Date	
Employer Name Employer Address Reason for Leaving Position Held Were you subject to Was job designated controlled substance  Issuing State Issuing State	Dates Employed Sales    FMCSR's while employed by this employer: as a safety sensitive function in any DOT regulated mode subject to aless testing requirement as required by 49 CFR part 40  Unexpired commercial motor vehicle operator's license or p  License No. & Class  License No. & Class  License No. & Class	Person lary cohol and	Yes Ves Expirat Expirat Expirat	No No No Date Lion Date Lion Date Lion Date	
Employer Name Employer Address Reason for Leaving Position Held Were you subject to Was job designated controlled substanc  Issuing State Issuing State Issuing State	Dates Employed Sales    FMCSR's while employed by this employer: as a safety sensitive function in any DOT regulated mode subject to aless testing requirement as required by 49 CFR part 40  Unexpired commercial motor vehicle operator's license or p  License No. & Class  License No. & Class  License No. & Class  Nature and extent of your experience in the operation of comme	Person lary cohol and	Yes Ves Expirat Expirat Expirat Expirat	No No No Date tion Date tion Date tion Date	
Employer Name Employer Address Reason for Leaving Position Held Were you subject to Was job designated controlled substanc  Issuing State Issuing State Issuing State Class of	Dates Employed Sales    FMCSR's while employed by this employer: as a safety sensitive function in any DOT regulated mode subject to aless testing requirement as required by 49 CFR part 40  Unexpired commercial motor vehicle operator's license or p  License No. & Class  License No. & Class  License No. & Class	Person lary cohol and	Yes Ves Expirat Expirat Expirat Expirat	No N	es
Employer Name Employer Address Reason for Leaving Position Held Were you subject to Was job designated controlled substanc  Issuing State Issuing State Issuing State	Dates Employed by this employer:  as a safety sensitive function in any DOT regulated mode subject to aless testing requirement as required by 49 CFR part 40  Unexpired commercial motor vehicle operator's license or p  License No. & Class  License No. & Class  License No. & Class  Nature and extent of your experience in the operation of commercial motor of Equipment  Dates	Person lary cohol and	Yes Ves Expirat Expirat Expirat Expirat	No No No Date tion Date tion Date tion Date	es
Employer Name Employer Address Reason for Leaving Position Held Were you subject to Was job designated controlled substanc  Issuing State Issuing State Issuing State Class of	Dates Employed by this employer:  as a safety sensitive function in any DOT regulated mode subject to aless testing requirement as required by 49 CFR part 40  Unexpired commercial motor vehicle operator's license or p  License No. & Class  License No. & Class  License No. & Class  Nature and extent of your experience in the operation of commercial motor of Equipment  Dates	Person lary cohol and ermit in	Yes Ves Expirat Expirat Expirat Expirat	No N	ees
Employer Name Employer Address Reason for Leaving Position Held Were you subject to Was job designated controlled substance  Issuing State Issuing State Issuing State Issuing State Limousine/Sedan	Dates Employed by this employer:  as a safety sensitive function in any DOT regulated mode subject to aless testing requirement as required by 49 CFR part 40  Unexpired commercial motor vehicle operator's license or p  License No. & Class  License No. & Class  License No. & Class  Nature and extent of your experience in the operation of commercial motor of Equipment  Dates	Person lary cohol and ermit in	Yes Ves Expirat Expirat Expirat Expirat	No N	es
Employer Name Employer Address Reason for Leaving Position Held Were you subject to Was job designated controlled substanc  Issuing State Issuing State Issuing State Class of Equipment	Dates Employed by this employer:  as a safety sensitive function in any DOT regulated mode subject to aless testing requirement as required by 49 CFR part 40  Unexpired commercial motor vehicle operator's license or p  License No. & Class  License No. & Class  License No. & Class  Nature and extent of your experience in the operation of commercial motor of Equipment  Dates	Person lary cohol and ermit in	Yes Ves Expirat Expirat Expirat Expirat	No N	ees
Employer Name Employer Address Reason for Leaving Position Held Were you subject to Was job designated controlled substance  Issuing State	Dates Employed by this employer:  as a safety sensitive function in any DOT regulated mode subject to aless testing requirement as required by 49 CFR part 40  Unexpired commercial motor vehicle operator's license or p  License No. & Class  License No. & Class  License No. & Class  Nature and extent of your experience in the operation of commercial motor of Equipment  Dates	Person lary cohol and ermit in	Yes Ves Expirat Expirat Expirat Expirat	No N	ees
Employer Name Employer Address Reason for Leaving Position Held Were you subject to Was job designated controlled substanc  Issuing State Issuing State Issuing State Issuing State Limousine/Sedan Bus Taxi Truck	Dates Employed by this employer:  as a safety sensitive function in any DOT regulated mode subject to aless testing requirement as required by 49 CFR part 40  Unexpired commercial motor vehicle operator's license or p  License No. & Class  License No. & Class  License No. & Class  Nature and extent of your experience in the operation of commercial motor of Equipment  Dates	Person lary cohol and ermit in	Yes Ves Expirat Expirat Expirat Expirat	No N	es
Employer Name Employer Address Reason for Leaving Position Held Were you subject to Was job designated controlled substanc  Issuing State Issuing State Issuing State Issuing State  Class of Equipment  Limousine/Sedan Bus Taxi Truck Tow Car	Dates Employed by this employer:  as a safety sensitive function in any DOT regulated mode subject to aless testing requirement as required by 49 CFR part 40  Unexpired commercial motor vehicle operator's license or p  License No. & Class  License No. & Class  License No. & Class  Nature and extent of your experience in the operation of commercial motor of Equipment  Dates	Person lary cohol and ermit in	Yes Ves Expirat Expirat Expirat Expirat	No N	es
Employer Name Employer Address Reason for Leaving Position Held Were you subject to Was job designated controlled substanc  Issuing State Issuing State Issuing State Issuing State Limousine/Sedan Bus Taxi Truck	Dates Employed by this employer:  as a safety sensitive function in any DOT regulated mode subject to aless testing requirement as required by 49 CFR part 40  Unexpired commercial motor vehicle operator's license or p  License No. & Class  License No. & Class  License No. & Class  Nature and extent of your experience in the operation of commercial motor of Equipment  Dates	Person lary cohol and ermit in	Yes Ves Expirat Expirat Expirat Expirat	No N	ees

List all motor vehicle accidents you were involved in within the past 3 years

Da	tes	Nature of Accident (Head-on, Rear-end, Upset, etc)	Fatalities	Injuries
Last Accident				
Next Previous				
<b>Next Previous</b>				

#### EXPERIENCE AND DRIVER QUALIFICATION-DRIVER LICENSES

State	License No.	Type	Expiration Date

### **EDUCATION**

Circle the highest grade completed:	1 2 3 4 5 6 7 8	High School: 1 2 3 4	College: 1 2 3 4 5 6
Last School attended:			
Name		City	State

# TO BE READ AN SIGNED BY APPLICANT

Please note that you have due process rights as specified in CFR 391.23(i) regarding information received as a result of these investigations.

I understand that I have the following rights:

- The right to review the information provided by previous employers;
- The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- The right to have a rebuttal statement attached to the alleged erroneous information, if myself and the previous employer cannot agree on the accuracy of the information

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date	 Applicant's Signature	