



SIMONS SERVICES & RECOVERY

This Company is an equal opportunity employer. In all our employment practices, including hiring, we are firmly committed to equal opportunity without regard to race, religion, color, sex, age, national origin, citizenship, disability or any other basis of discrimination prohibited by applicable local, state or federal law. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on such grounds.

ANSWER ALL QUESTIONS. INCOMPLETE APPLICATIONS MAY BE REJECTED

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

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_
First M Last

Apt # \_\_\_\_\_
Or Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ SS No \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ 18 or older? [ ] Yes [ ] No Date of Birth: \_\_\_\_\_
Cell phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

- Did any employer, school or reference know you by another name? [ ] Yes [ ] No
If Yes, indicate other name: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

- What wage/salary do you expect? \$ \_\_\_\_\_ per \_\_\_\_\_
If hired, when could you start work? \_\_\_\_\_

- Have you ever been employed by this company before? [ ] Yes [ ] No
If Yes, when? \_\_\_\_\_

Have you ever applied for employment with this company before? [ ] Yes [ ] No
If Yes, approximately how long ago? \_\_\_\_\_

- Who referred you to this company for employment? \_\_\_\_\_
Names of friends or relatives working for the Company (list name(s) and relationship): \_\_\_\_\_

AVAILABILITY:

How many hours per week are you available for work? \_\_\_\_\_ (LIST TIMES BELOW)

Table with 8 columns: FROM, TO, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday

CERTAIN POSITIONS WITHIN THE COMPANY REQUIRE USE OF A CAR OR OTHER MOTORIZED VEHICLE. IF USE OF SUCH A VEHICLE WERE REQUIRED IN THE JOB FOR WHICH YOU ARE APPLYING.....

- Do you have a valid Driver's License? [ ] Yes [ ] No If No, can you obtain one? [ ] Yes [ ] No
Do you have access to a car or other motorized vehicle? [ ] Yes [ ] No
Do you or can you get liability insurance on such a vehicle? [ ] Yes [ ] No

**EDUCATION:**

High School \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Last grade completed \_\_\_\_\_

Grade Point Avg: \_\_\_\_\_ Did you graduate? [ ] Yes [ ] No **Still Enrolled?** [ ] Yes [ ] No

Trade or College \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Last grade completed \_\_\_\_\_

Course/Major \_\_\_\_\_ Degree(s) or Certification(s) \_\_\_\_\_

Grade Point Avg: \_\_\_\_\_ Did you graduate? [ ] Yes [ ] No **Still Enrolled?** [ ] Yes [ ] No

**EMPLOYMENT HISTORY: (start with most recent employer) DOT requires 3 years of previous employment and 10 years of commercial driving experience be shown:**

-----  
Company \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Salary / Wage \_\_\_\_\_ per \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_

**Still Employed?** [ ] Yes [ ] No Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

**Reason for leaving** \_\_\_\_\_

Reference Check Performed By \_\_\_\_\_

-----  
Company \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Salary / Wage \_\_\_\_\_ per \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_

**Still Employed?** [ ] Yes [ ] No Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

**Reason for leaving** \_\_\_\_\_

**Reference Check Performed By** \_\_\_\_\_

-----  
Company \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Salary / Wage \_\_\_\_\_ per \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_

**Still Employed?** [ ] Yes [ ] No Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

**Reason for leaving** \_\_\_\_\_

**Reference Check Performed By** \_\_\_\_\_

\*DURING THE LAST 7 YEARS, **HAVE YOU EVER BEEN ARRESTED, CONVICTED OF, PLED GUILTY TO OR PLED NO CONTEST TO A CRIME, INCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS?** [ ] Yes [ ] No

IF YES, DESCRIBE: \_\_\_\_\_

\*DURING THE LAST 7 YEARS, **HAVE YOU EVER BEEN ON PROBATION OR PAROLE?** [ ] Yes [ ] No

IF YES, DESCRIBE: \_\_\_\_\_

\* A conviction will not necessarily bar you from employment. Also, see applicable state restrictions below.

**MILITARY SERVICE:**

Branch \_\_\_\_\_ Date [ Entered \_\_\_\_\_ Discharged \_\_\_\_\_ ] RANK \_\_\_\_\_

Do you have service-related skills applicable to civilian employment? [ ] Yes [ ] No

If Yes, describe: \_\_\_\_\_

**ADDITIONAL INFORMATION: (all applicants)**

List additional training or experience \_\_\_\_\_

**AGREEMENT**

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN IN THE SPACE PROVIDED:

I hereby certify that I have read and fully completed this application and that the facts set forth in this employment application (and accompanying resume, if any) are true and correct to the best of my knowledge, and I agree and understand that any misrepresentation or falsification of information or omission of information during the employment application process may disqualify me from further consideration for employment and, if employed, will subject me to dismissal. I further certify that I am a true and bona fide job applicant, honestly interested in working in the position(s) for which I have applied, and am seeking employment with this company solely to provide me with the benefits of a job and for no other purpose.

I understand that in connection with my application for employment an inquiry into my background may include an investigative consumer report, which provides applicable information concerning character, general reputation, personal characteristics and standard of living. I understand that I have the right to make a written request within a reasonable period of time for information as to the nature and scope of any such report. If I am denied a job based either wholly or in part because of information contained in an investigative consumer report, I will be provided the name and address of the reporting agency that supplies the information.

I acknowledge that the Company reserves the right to modify or amend its policies at any time, without prior notice. These policies do not create any promises or contractual obligations between this Company and its employees. At this Company, my employment is at will. This means I am free to terminate my employment at any time, for any reason, with or without cause, and this Company retains the same rights. I further understand and agree that the Owner/President of this Company is the only person who may make an exception to this, including the at-will status of my employment, and it must be in writing and duly executed by the Owner/President of this Company. If applicable to my employment, I have read and understood the notice regarding polygraph tests and my rights under this state's law.

**AUTHORIZATION TO RELEASE INFORMATION:** I authorize the references and/or employers listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing such information to you. I agree and understand that the Company and its agents may investigate or seek information concerning my background and/or previous employment, whether of record or not. I further agree and understand that if employed, the Company may at any time seek any information from whatever source, which in its discretion, it deems relevant to my employment.

**NO DRUG USE POLICY:** This Company does not hire persons who use illegal drugs. All persons seeking employment or employed with this Company may be required to take and pass a screen for illegal drugs, and may be subject to periodic tests for illegal drugs. I hereby voluntarily consent to provide a urine specimen (or blood specimen as required for alcohol testing only) at a collection facility designated by the Company, and further consent to have the specimen tested at a laboratory selected by the Company. I hereby certify that **(circle one): I do or do not use illegal drugs.**

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

**YOUR DRIVING RECORD WILL BE CHECKED IF YOUR POSITION REQUIRES YOU TO DRIVE.  
 If applying for a position that requires driving the information below needs completion:**

**Experience and Qualifications-Driver**

| Driver License | State | License No. | Type | Expiration Date: |
|----------------|-------|-------------|------|------------------|
|                |       |             |      |                  |
|                |       |             |      |                  |
|                |       |             |      |                  |

**Driving Experience:**

| Equipment:  | Name of Equipment: | Dates: | Approx. Number of miles (total) | Total number of years operated? |
|-------------|--------------------|--------|---------------------------------|---------------------------------|
| Wheel lift: |                    |        |                                 |                                 |
| Wrecker:    |                    |        |                                 |                                 |
| Illusion:   |                    |        |                                 |                                 |
| Other:      |                    |        |                                 |                                 |

**Accident Record for past 3 years or more:**

| Dates: | Nature if accident: | Fatalities: Injuries: | What type of citation did you receive? | Who was at fault: |
|--------|---------------------|-----------------------|--|-------------------|
|        |                     |                       |  |                   |
|        |                     |                       |  |                   |
|        |                     |                       |  |                   |
|        |                     |                       |  |                   |

**List ALL Traffic citations received in the past 3 years:**

| Date Citation issued: | What reason? | Were you convicted? | Penalty: |
|-----------------------|--------------|---------------------|----------|
|                       |              |                     |          |
|                       |              |                     |          |
|                       |              |                     |          |
|                       |              |                     |          |
|                       |              |                     |          |
|                       |              |                     |          |
|                       |              |                     |          |

**Have you ever been involved in or a party to any lawsuits? [ ] Yes [ ] No**

**If yes, please explain below:**

---



---



---

**DISCLOSURE TO EMPLOYMENT APPLICANT  
REGARDING PROCUREMENT OF  
CONSUMER REPORT**

In connection with your application for employment and as part of the process of considering your candidacy as an employee, we may procure, or cause to be procured, a consumer report on you. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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

**\*\*\*(DATE OF BIRTH IS REQUIRED AS AN IDENTIFIER TO REQUEST CRIMINAL RECORDS ONLY. THIS COMPANY DOES NOT DISCRIMINATE BASED ON AGE.)**

**List personal references below (relatives, friends, etc.):**

| Name | Phone | (Mother) | Years known |
|------|-------|----------|-------------|
|------|-------|----------|-------------|

| Name | Phone | (Father) | Years known |
|------|-------|----------|-------------|
|------|-------|----------|-------------|

| Name | Phone | Relationship | Years known |
|------|-------|--------------|-------------|
|------|-------|--------------|-------------|

| Name | Phone | Relationship | Years known |
|------|-------|--------------|-------------|
|------|-------|--------------|-------------|

| Name | Phone | Relationship | Years known |
|------|-------|--------------|-------------|
|------|-------|--------------|-------------|

| Name | Phone | Relationship | Years known |
|------|-------|--------------|-------------|
|------|-------|--------------|-------------|

Drivers Name: \_\_\_\_\_

**DRIVER QUALIFICATION FILE CHECKLIST**

1.  DRIVER'S APPLICATION FOR EMPLOYMENT: DOT APPLICATION
2.  COPY OF CURRENT DRIVERS LICENSE
3.  CRIMINAL BACKGROUND CHECK
4.  PAST EMPLOYMENT CHECKS ON EMPLOYERS FOR THE PAST 3 YEARS
5.  INQUIRY TO PREVIOUS EMPLOYERS REGARDING POSITIVE DRUG OR ALCOHOL TEST IN PAST 2 YEARS
6.  DRIVER'S ROAD TEST CERTIFICATE (IF APPLICABLE)
7.  FAX or EMAIL, DRIVER TO BE ADDED TO INSURANCE COMPANY (COPY OF EMAIL OR FAX MUST BE STAPLED TO THIS CHECKLIST)
8.  REPOSSESSORS TRAINING GUIDE 50 QUESTION TEST (IF APPLICABLE)
9.  CERTIFIED DRIVING RECORD FROM STATE AGENCY FOR PAST 12 MONTHS
10.  CURRENT MVR FROM STATE AGENCY
12.  RECORD OF DRUG TESTING (IF APPLICABLE)
13.  ANNUAL REVIEW OF DRIVING RECORD
14.  ARBITRATION AGREEMENT SIGNED
15.  EMPLOYEE HANDBOOK ACKNOWLEDGEMENT SIGNED
16.  CONFIDENTIALLY AGREEMENT SIGNED
17.  WORK REQUIRMENTS SIGNED

Name of person completing form: \_\_\_\_\_

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