

# APPLICATION FOR EMPLOYMENT

Past & Present Towing & Recovery  
 7810 Academy Lane, Laurel, MD 20707 P: 301-210-6222  
 Please Return Application Via Email to: info@mdtowing.com

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

Addresses for past three years:

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

### Experience and Qualifications

Driver Licenses	State	License #	Type	Exp. Date

### Driving Experience

Class of Equipment	Type: (Van flatbed, wrecker, etc.)	Dates From	To	Aprox. Miles
Straight Truck				
Tractor/Semi				
Other				

### Accident Report for past three years (Attach additional sheet if more space is needed)

Date	Nature of accident (Head on, rear-end, etc)	Fatalities	Injuries

### Traffic Convictions and forfeitures for past three years (other than parking)

Location	Date	Charge	Penalty

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_
- B. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

IF ANSWER TO EITHER A OR B IS YES PLEASE ATTACH STATEMENT GIVING DETAILS

**Employment Record (Attach sheet if more space is needed)**

Note: DOT requires that employment for the last three years and/or Commercial Driving Experience for the past 10 years be shown.

1) Last Employer: Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Pay \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

2) Second Last Employer: Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Pay \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

3) Third Last Employer: Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Pay \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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**TO BE READ AND SIGNED BY APPLICANT**

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

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

Applicant signature: \_\_\_\_\_