



1625 Navaho Dr •Raleigh, NC 27609 • Office (919)-790-0496 • Fax – (919)-790-8171
WWW.BARBOURSTOWING.COM

Date of Hire ____/____/____ (Office use only)

DRIVER APPLICATION FOR EMPLOYMENT

Applicants are considered without regard to race, creed, color, sex, religion, age, national origin, or disability.

Personal Description:

Full Name: _____ Social Security No. _____ - _____ - _____
Last First Middle Int.

Date of Birth: ____/____/____ Address: _____

Phone No.(____)-_____ In Case of Emergency Notify: _____ @ (____) _____
Street City State Zip

Address Street _____ City _____ State _____ Zip _____
 Last Three Street _____ City _____ State _____ Zip _____
 Years Street _____ City _____ State _____ Zip _____

Experience and Qualifications:

This information will be verified

Valid Drivers License Number: _____ From the State of: _____ Expires on ____/____/____

License Type (I.E. CDL Class A, Class 1, ETC.) _____ List CDL Endorsements _____

I Certify I do not have more then (1) Drivers License _____

Applicants Signature

Has your license, permit, or privilege to operate a commercial motor vehicle even been denied, revoked, or suspended?

NO _____ YES _____ If Yes Explain _____

Driving Experience:

Power Equipment	Type of Equipment	Number of Years	States You Have Driven In
Straight Truck			
Tractor Trailer	Power Unit: _____ Trailer: _____		
Bus	School: _____ Coach _____		
Other (Specify)			

Accident Record Last Three Years

This information will be verified

Date:	Nature of Accident (Overturn, Jack Knife, Rear End, ETC.)	No. Of Fatalities	Commercial Vehicle	Personal Vehicle



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Traffic Convictions and Forfeitures Last Three Years (Other then Parking)

This information will be verified

State	Date	Charge	Penalty	Commercial Vehicle	Personal Vehicle

Education

Please circle the last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Other Training: _____

Do you have full knowledge of the Federal Carrier Safety Regulations? _____

Are you now employed? _____ When will you be available? _____

Are you prevented from lawful employment in this Country because of migration status? _____

Have you ever been convicted of a Felony, Misdemeanor, or Criminal Violation? (Circle One) YES NO

Employment History

Non-CDL driver applicants must provide 3 years employment history. CDL driver must provide 10 years employment history. This information may be used, and your prior employers may be contacted, for the purpose of investigating your background as required by 49 CFR § 391.23

Have you worked for Barbour's Towing Before? _____ Where? _____ When? ____/____/____/____/____/____
From To

Position: _____ Reason for leaving: _____

Last Employer: Name: _____ Phone: (____) _____
Area

Address: _____

Street City State Zip

From ____/____/____ To ____/____/____ Position _____ Supervisors Name _____

Did you operate a CDL vehicle? Yes _____ No _____

Reason for leaving: _____

Last Employer: Name: _____ Phone: (____) _____
Area

Address: _____

Street City State Zip

From ____/____/____ To ____/____/____ Position _____ Supervisors Name _____

Did you operate a CDL vehicle? Yes _____ No _____

Reason for leaving: _____



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Last Employer: Name: _____ Phone: (____) _____
 Area _____
 Address: _____
 Street City State Zip
 From ___/___/___ To ___/___/___ Position _____ Supervisors Name _____
 Did you operate a CDL vehicle? Yes _____ No _____
 Reason for leaving: _____

Last Employer: Name: _____ Phone: (____) _____
 Area _____
 Address: _____
 Street City State Zip
 From ___/___/___ To ___/___/___ Position _____ Supervisors Name _____
 Did you operate a CDL vehicle? Yes _____ No _____
 Reason for leaving: _____

Notice to Applicant

Applicant – If employer has not explained or given a job description, make sure one is given to you and that you fully understand what is expected of you prior to answering the following two questions.

Can you perform the functions described in the job description? _____

Please explain how, with or without reasonable accommodation, you will be able to perform those functions _____

Must Be Read and Signed By Applicant

I agree and understand that any misrepresentations of information given on this form shall be considered an act of falsification. I agree and understand that the employer or his agents may investigate any and all information given on this form to determine its validity.

I agree and understand that if hired, I will on a probationary period during which time I may be discharged without recourse. This certifies that his 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 Applicants Signature

Office Use Only

1st Employer Contacted	_____/_____/_____ Date	_____ Name of Person Contacted	_____ Results
2nd Employer Contacted	_____/_____/_____ Date	_____ Name of Person Contacted	_____ Results
3rd Employer Contacted	_____/_____/_____ Date	_____ Name of Person Contacted	_____ Results
4th Employer Contacted	_____/_____/_____ Date	_____ Name of Person Contacted	_____ Results