



16002 Old Richmond Rd, Sugar Land, TX 77498 (713)929-6299 dispatch@txcrowntowing.com

## EMPLOYMENT APPLICATION

Texans Crown Towing is an equal opportunity employer and does not discriminate in employment on the basis of race, sex, religion, or age.

This application will be given every consideration, but its receipt does not imply, nor act as a promise of, employment. Any offer of employment with this company is contingent on the applicant, providing he or she has a valid driver's license or identification card in the state of Texas, a clean MVR and safety record, and successfully take and pass a pre-employment drug test, and any background check that the Texas Department of Licensing and Regulation, Houston Police Department, Harris County Sheriff's Department, and/or the police department of any municipality that Texans Crown Towing serves may require. The applicant must have a valid Incident Management Tow Operators License of tow operators, or a valid Vehicle Storage Facility Employees license, issued by the Texas Department of Licensing and Regulation.

### Applicant Information (Required for all positions)

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle initial: \_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ # Years: \_\_\_\_\_

Is the address above the same as your mailing address? Yes No

**If No, Please Place Mailing Address Here:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Previous address(s): (if you have not resided at the above address for at least 3 years)**

Street Address: \_\_\_\_\_ Apartment/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ # Years: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ # Years: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Do you have a smart phone? Yes No

Have you ever used the "Towbook" dispatching application? Yes No

Email: \_\_\_\_\_ Military: Yes No Branch: \_\_\_\_\_

Date Available: \_\_\_\_\_ SS#: \_\_\_\_\_

Do you have a current TDLR Tow Operator License? Yes No If Yes, TDLR #: \_\_\_\_\_ Exp: \_\_\_\_\_

Do you have a current COH Wrecker License? Yes No If Yes, TDLR #: \_\_\_\_\_ Exp: \_\_\_\_\_

Do you have a current TDLR VSF Employee License? Yes No If Yes, TDLR #: \_\_\_\_\_ Exp: \_\_\_\_\_

Are you a citizen of the United States? Yes No

If no, are you authorized to work in the United States? Yes No

Have you ever been convicted of a felony? Yes No

Date of Birth: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_

If yes, explain:

Have you ever been convicted of a DUI? Yes No If yes, When? \_\_\_\_\_

Do you use illegal drugs? Yes No

Do you have any drug or alcohol related convictions? Yes No

If yes, explain?

Do you have experience working as a tow truck driver? Yes No

Tow Company 1: \_\_\_\_\_ When? \_\_\_\_\_

Tow Company 2: \_\_\_\_\_ When? \_\_\_\_\_

Tow Company 3: \_\_\_\_\_ When? \_\_\_\_\_

Do you have experience working as dispatcher for a towing company? Yes No

Tow Company 1: \_\_\_\_\_ When? \_\_\_\_\_

Tow Company 2: \_\_\_\_\_ When? \_\_\_\_\_

Tow Company 3: \_\_\_\_\_ When? \_\_\_\_\_

**Driving History (Required for all driving positions)**

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license.” I certify that I do not have more than one motor vehicle license, the information for which is listed below.

Driver’s license #: \_\_\_\_\_ State: \_\_\_\_\_

D/L Class: \_\_\_\_\_ D/L Endorsements: \_\_\_\_\_

Have you ever had a driver license in another state?      Yes      No Where? \_\_\_\_\_

Do you have more than one motor vehicle license?      Yes      No

Where: \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle?      Yes      No

If yes, when: \_\_\_\_\_ Explanation: \_\_\_\_\_

Has any license, permit, or privilege ever been suspended or revoked?      Yes      No

If yes, when: \_\_\_\_\_ Explanation: \_\_\_\_\_

**Accident record for past 3 years**

DATE	Location	Nature of accident (head-on, rear-end, single vehicle collision, etc.)	# Fatalities	# Injuries	Chemical Spills
					Yes      No
					Yes      No
					Yes      No
					Yes      No

**Traffic convictions and forfeitures for the past year (other than parking violations)**

Date convicted	Violation	State of violation	Penalty

List the types of trucks and class that you have experience driving:

**Education (Required for all positions)**

High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes No

College: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes No

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Degree: \_\_\_\_\_

Towing Certifications (WreckMaster, TRAA, Southwest Tow Operators, TTSA, Military, etc.):

\_\_\_\_\_

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

**Work Experience (Required for all positions)**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Company: \_\_\_\_\_

Employment From: \_\_\_\_\_ To: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

Starting Salary (Commission, hourly, bonus, straight salary): \_\_\_\_\_

Ending Salary (Commission, hourly, bonus, straight salary): \_\_\_\_\_

Were you subject to the Federal Motor Carrier Regulations (FMCSRs) while employed by the previous employer?

Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?      Yes      No

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      Yes      No

Explain any gaps in employment and/or unemployment. Include dates and reason:

Company: \_\_\_\_\_

Employment From: \_\_\_\_\_ To: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

Starting Salary (Commission, hourly, bonus, straight salary): \_\_\_\_\_

Ending Salary (Commission, hourly, bonus, straight salary): \_\_\_\_\_

Were you subject to the Federal Motor Carrier Regulations (FMCSRs) while employed by the previous employer?

Yes      No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?      Yes      No

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      Yes      No

Explain any gaps in employment and/or unemployment. Include dates and reason:

Company: \_\_\_\_\_

Employment From: \_\_\_\_\_ To: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

Starting Salary (Commission, hourly, bonus, straight salary): \_\_\_\_\_

Ending Salary (Commission, hourly, bonus, straight salary): \_\_\_\_\_

Were you subject to the Federal Motor Carrier Regulations (FMCSRs) while employed by the previous employer?

Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes No

Explain any gaps in employment and/or unemployment. Include dates and reason

Company: \_\_\_\_\_

Employment From: \_\_\_\_\_ To: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

Starting Salary (Commission, hourly, bonus, straight salary): \_\_\_\_\_

Ending Salary (Commission, hourly, bonus, straight salary): \_\_\_\_\_

Were you subject to the Federal Motor Carrier Regulations (FMCSRs) while employed by the previous employer?

Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?      Yes      No

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      Yes      No

Explain any gaps in employment and/or unemployment. Include dates and reason

**References (Required for all positions)**

Please list three **professional** references.

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Supplemental Information (Optional)

The following questions are optional, however, applicants that take the time to answer the below questions will be given first consideration over applicants who do not. All questions will require answers at the time of interview.

Have you ever worked on an "on-call" basis? Please explain:

Have you ever worked on commission? Please explain:

What type of salary are you expecting?

List any transportation related training you may possess (schools, certifications, on-the-job training, etc.):

List any towing related training you may possess (schools, certifications, on-the-job training, etc.):

List any towing equipment or technical materials that you have experience working with:

List the duties of a tow truck driver (separate each duty with a comma):

Briefly describe the procedure for hooking up a vehicle on a flat-bed carrier and the concerns a driver should be aware of:

Briefly describe the procedure for loading a vehicle on the wheel-lift of a carrier and the concerns a driver should be aware of:

How can you load a vehicle with heavy front-end damage and no tires onto the wheel-lift of a carrier?



What type of equipment is needed and what is the procedure for loading a vehicle that is unable to go into the neutral gear onto the bed of a carrier?

How do you load and unload a vehicle with a broken ball joint onto the bed of a carrier without causing further damage?

Briefly describe the procedure for hooking up a vehicle on a self-loader and the concerns a driver should be aware of:

Briefly describe the procedure for hooking up a vehicle on a self-loader or spoon equipped wheel lift (Whichever you prefer to use) in which the vehicle has suspension damage, a broken ball joint, or any other situation in which the vehicle is sitting lower than it should be and the concerns a driver should be aware of:

Briefly describe the procedure for hooking up a tractor-trailer combination on a heavy duty wrecker and the concerns a driver should be aware of:

List and briefly explain 3 different methods for releasing the brakes of a vehicle with air brakes:

List the personal and professional traits you feel a good tow truck driver should have (separate each trait with a comma):

Our ideal applicant is highly motivated to earn a large commission and produce revenue for the company by safely completing as many tows as possible, day or night and in any weather condition. Does this describe you? Please elaborate:

The single most important thing to Texans Crown Towing is customer service and relations. Based on this statement, what do you bring to the table for 1) private retail customers, 2) corporate customers, and 3) police officers?

List the major safety concerns of a tow truck driver and the towing industry in general:

Describe a problem you have encountered working as a tow truck driver and how did you solve it (if n/a then in another job):

Describe how you would handle an upset customer, police officer, or dispatch personnel?

Have you ever towed a rolled over vehicle?      Yes      No      If yes, list what equipment is needed and briefly describe the procedure:

What type of equipment is needed to divert the direction of the winch cable/wire rope?

How can you double the strength of the winch cable/wire rope?

What does it mean to be a team player?

You just damaged a vehicle. What are you going to do?

You just damaged a vehicle or company equipment. What do you feel your responsibility is in regards to the costs of the damage?

Where do you see yourself in five years?

What is stressful about being a tow truck driver?

Explain how you deal with a high stress environment:

Complete the following statement: In towing \_\_\_\_\_ is money.

Have you ever processed credit card transactions?    Yes    No                      Used Square App:    Yes    No

Can you operate a GPS unit?    Yes    No

A smart phone is required to perform your duties as a tow operator, so that you can use the apps we require for recording invoices and services provided, as well as communicate with the dispatch. Do you have a smart phone?    Yes    No

Have you ever had a work related injury or been involved in an accident while working as a tow truck driver?

Yes    No

If yes, what happened and what could you have done differently?

Are you willing to work 12 hour shifts if it is required?                      Yes    No

Are you willing to come in occasionally on days off if needed?                      Yes    No

Do you know how to complete a tow truck equipment inspection?    Yes    No    If yes, please describe you inspection process:

Can you park a tow truck at your residence?    Yes    No

Is your residence a home with a driveway?    Yes    No

Are you going to wake up to do a tow at 3:00 a.m. on a cold snowy night in January?    Yes    No

Approximately how many days did you miss from work in the last two years? (this will be verified) \_\_\_\_\_

Are you able to stand and walk for long periods of time?    Yes    No

Do you need any accommodations to perform any duty of a tow truck driver?    Yes    No

If yes, what accommodations are required?

What does it mean to keep your tow truck clean and organized?

### Upload Supplemental Materials, Disclaimer and E Signature

#### TO BE READ AND SIGNED BY APPLICANT:

I authorize Texans Crown Towing to make investigations and inquiries into my personal, employment, criminal, financial, and medical history and any other matters that may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand, also, that I am required to abide by all rules and regulations of Texans Crown Towing and that Texas is an "employment at-will" state, meaning that an employer or employee may terminate the relationship at any time, without any reason or cause. I understand that if hired my employment will be on an "at-will" basis.

I consent to a pre-employment drug screening and understand that I can be drug tested randomly at any point throughout my employment.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigation into my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

1. Review information provided by current/previous employers;
2. Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
3. Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Type full name (E-Signature): \_\_\_\_\_ Date: \_\_\_\_\_

My Signature or E-Signature certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Ink Signature (signed at time of interview): \_\_\_\_\_ Date: \_\_\_\_\_

#### ATTACH REQUIRED DOCUMENTS ALONG WITH APPLICATION:

1. Driver License (minimum c-class required)
2. TDLR (Incident Management)
3. Social Security