

APPLICATION FOR EMPLOYMENT SCHMIT TOWING, INC.

Dear Applicant,
Thank you for your interest in our company.

Please answer the following questions:

| | | |
|---|-----|----|
| Can you pass random drug tests? | YES | NO |
| Do you have a good driving record? (no more than 3 violations in the past 3 years) | YES | NO |
| Will you follow all company policies and procedures as directed? | YES | NO |
| Will you work extra hours if needed? | YES | NO |
| Will you be present and on time every day that you are scheduled to work? | YES | NO |
| Are you in good health and physical condition? (tow truck driving can be strenuous at times) | YES | NO |

If you answered "NO" to any of the above questions, DO NOT complete this job application, as we will not consider you for employment.

We appreciate your interest in joining our team! You may be hired for a certain position such as Driver, Dispatcher or Office Support and that will be your primary work. You will be given a list of your main duties. However, please be aware that you may be needed to perform other duties outside of your "title" depending on the current situation and needs of the company.

Many of the employees at Schmit Towing have a regular work schedule of days and hours they work, however, you are not promised a particular schedule and it may change on a temporary or permanent basis as needed. We require our employees to have an operational cell phone and due to the nature of our business, employees must be reachable at all times. We also have "on-call" shifts that you may be required to work.

During street sweeping and snow emergencies in Minneapolis you will be needed to work many hours. Sweeping lasts about 3 weeks from 8am – 4pm in the spring and fall. Snow emergencies last all night the first night and the next two days 8am – 4pm. You will probably be needed during the entire time period and you will need to make the necessary arrangements in order to be available for these shifts.

Drivers will be required to obtain a DOT Health Card at their own expense (we can take it out of your first check) and a CDL Class A with an Airbrake Endorsement. You will also be required to pass a pre-employment drug test. We will advise you of these processes and your out-of-pocket expense.

We will work with you to make your employment here as beneficial and satisfying to you and all parties involved.

Thank you.

Applicant Signature

Date

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, VETERAN STATUS, NON-JOB RELATED DISABILITY, OR ANY OTHER PROTECTED GROUP STATUS. DUE TO INSURANCE REQUIREMENTS, YOU MUST BE AT LEAST 21 YEARS OF AGE.

APPLICATION DATE _____ POSITION APPLIED FOR _____

FULL NAME (LAST) _____ (FIRST) _____ (MID NAME) _____

SOCIAL SECURITY NO. _____ DOB(Drivers Only) _____

DL# _____ STATE _____ CLASS _____

HOME PHONE # _____ CELL # _____

ADDRESS (STREET) _____

CITY, STATE ZIP _____

PREVIOUS ADDRESS _____

EMERGENCY CONTACT (NAME) _____

RELATIONSHIP _____ PHONE _____

ARE YOU EMPLOYED NOW? _____ WHO REFERRED YOU? _____

HOW LONG SINCE LEAVING LAST EMPLOYMENT _____

RATE OF PAY EXPECTED \$ _____

EDUCATION:

GRADES COMPLETED HIGH SCHOOL 9 10 11 12 COLLEGE 1 2 3 4

LIST SPECIFIC COURSES YOU HAVE STUDIED _____

MILITARY EXPERIENCE:

HAVE YOU SERVED IN THE ARMED FORCES? _____ BRANCH _____

RANK _____ DISCHARGE DATE _____

EXPERIENCE OR TRAINING RECEIVED _____

HAVE YOU EVER BEEN ARRESTED FOR OR CONVICTED OF A CRIME? _____ *

IF "YES", GIVE DETAILS ON THE BACK SIDE OF THIS PAGE – CHARGE & LEVEL OF CRIME, DATES, PROBATION/PAROLE, ETC. BE COMPLETE AND SPECIFIC

*a "yes" answer will not necessarily disqualify you from this position, but you will need to pass the Minneapolis Police Department/FBI criminal background check as a condition of employment

EMPLOYMENT HISTORY

ALL DRIVER APPLICANTS TO DRIVE IN INTERSTATE 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 ON THOSE EMPLOYERS FOR WHOM THE APPLICANT OPERATED SUCH VEHICLE. (NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT. ADD ANOTHER SHEET AS NECESSARY.)

| EMPLOYER | | | DATE | | | |
|---|-------|--------------|--------------------|-----|-----------|-----|
| NAME | | | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | | | |
| CITY | STATE | ZIP | SALARY/WAGE | | | |
| CONTACT PERSON | | PHONE NUMBER | REASON FOR LEAVING | | | |
| WERE YOU SUBJECT TO THE FMCSRs ** WHILE EMPLOYED? []YES []NO | | | | | | |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? []YES []NO | | | | | | |

| EMPLOYER | | | DATE | | | |
|---|-------|--------------|--------------------|-----|-----------|-----|
| NAME | | | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | | | |
| CITY | STATE | ZIP | SALARY/WAGE | | | |
| CONTACT PERSON | | PHONE NUMBER | REASON FOR LEAVING | | | |
| WERE YOU SUBJECT TO THE FMCSRs ** WHILE EMPLOYED? []YES []NO | | | | | | |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? []YES []NO | | | | | | |

| EMPLOYER | | | DATE | | | |
|---|-------|--------------|--------------------|-----|-----------|-----|
| NAME | | | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | | | |
| CITY | STATE | ZIP | SALARY/WAGE | | | |
| CONTACT PERSON | | PHONE NUMBER | REASON FOR LEAVING | | | |
| WERE YOU SUBJECT TO THE FMCSRs ** WHILE EMPLOYED? []YES []NO | | | | | | |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? []YES []NO | | | | | | |

| EMPLOYER | | | DATE | | | |
|---|-------|--------------|--------------------|-----|-----------|-----|
| NAME | | | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | | | |
| CITY | STATE | ZIP | SALARY/WAGE | | | |
| CONTACT PERSON | | PHONE NUMBER | REASON FOR LEAVING | | | |
| WERE YOU SUBJECT TO THE FMCSRs ** WHILE EMPLOYED? []YES []NO | | | | | | |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? []YES []NO | | | | | | |

| EMPLOYER | | | DATE | |
|---|-------------|--------------|--------------------|-----|
| NAME | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | | PHONE NUMBER | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs ** WHILE EMPLOYED? []YES []NO | | | | |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? []YES []NO | | | | |

| EMPLOYER | | | DATE | |
|---|-------------|--------------|--------------------|-----|
| NAME | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
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| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? []YES []NO | | | | |

| EMPLOYER | | | DATE | |
|---|-------------|--------------|--------------------|-----|
| NAME | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
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| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? []YES []NO | | | | |

| EMPLOYER | | | DATE | |
|---|-------------|--------------|--------------------|-----|
| NAME | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | | PHONE NUMBER | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs ** WHILE EMPLOYED? []YES []NO | | | | |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? []YES []NO | | | | |

* INCLUDES VEHICLES HAVING A GVWR OF 26,001 LBS. OR MORE, VEHICLES DESIGNED TO TRANSPORT 15 OR MORE PASSENGERS, OR ANY SIZE VEHICLE USED TO TRANSPORT HAZARDOUS MATERIALS IN A QUANTITY REQUIRING PLACARDING.

** THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (FMCSRs) APPLY TO ANYONE OPERATION A MOTOR VEHICLE ON A HIGHWAY IN INTERSTATE COMMERCE TO TRANSPORT PASSENGERS OR PROPERTY WHE THE VEHICLE: (1) WEIGHS OR HAS A GVWR OR 10,001 POUNDS OR MOR, (2) IS DESIGNED OR USED TO TRANSPORT 9 OR MORE PASSENGERS, OR (3) IS OF ANY SIZE AND IS USED TO TRANSPORT HAZARDOUS MATERIALS IN A QUANTITY REQUIRING PLACARDING.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE)

| DATES | NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC) | FATALITIES | INJURIES | HAZARDOUS MATERIAL SPILL |
|---------------|--|------------|----------|-----------------------------|
| LAST | | | | |
| NEXT PREVIOUS | | | | |
| NEXT PREVIOUS | | | | |
| | | | | |

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS
OTHER THAN PARKING VIOLATIONS IF NONE, WRITE NONE – ATTACH SHEET IF MORE**

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

EXPERIENCE AND QUALIFICATIONS – DRIVER

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS

| DRIVER LICENSES | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|-----------------|-------|-------------|------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVELEGE TO OPERATE A MOTOR VEHICLE? YES NO

B. HAS ANY LICENSE, PERMIT OR PRIVELEGE EVER BEEN SUSPENDED OR REVOKED? YES NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

| TYPE OF EQUIPMENT | DATES | | APPROX NO. OF MILES (TOTAL) |
|---|------------|----------|--------------------------------|
| | FROM (M/Y) | TO (M/Y) | |
| STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS TO YOU HOLD AND FROM WHOM? _____

REFERENCES

PLEASE LIST 3 REFERENECES (NAME, PHONE AND RELATIONSHIP)

1. _____

2. _____

3. _____

DO YOU KNOW ANYONE WHO CURRENTLY WORKS HERE OR HAS WORKED HERE IN THE PAST? []YES []NO

IF YES, HIS/HER NAME AND YOUR RELATIONSHIP TO HIM/HER _____

WORK AVAILABILITY
PLEASE LIST DAYS/HOURS YOU ARE AVAILABLE TO WORK.

IS THERE ANY REASON YOU MAY BE UNABLE TO PERFORM THE FUNCTION OF THE JOB FOR WHICH YOU ARE APPLYING? []YES []NO

IF YES, PLEASE EXPLAIN _____

PLEASE LIST ANY ADDITION SKILLS OR EXPERIENCE THAT YOU HAVE THAT MIGHT FURTHER QUALIFY YOU FOR THIS POSITION. BE SPECIFIC.

WHY SHOULD WE HIRE YOU?

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other personas from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interviews(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

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 investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

- Review the information provided by previous employers:
- 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
- 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.

Applicant Signature

Date

Print Name

Soc, Sec, #

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103 – pre-employment testing requirements, apply to driver-applicants of this company.

391.103 Pre-employment testing requirements.

- a. A motor carrier shall require a driver – applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.
- b. A driver – applicant shall submit to controlled substance testing as a pre-qualification condition.
- c. Prior collection of a urine sample under 391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

Applicants Name (please print)

Applicant Signature

Date

Company Representative Signature

Date

APPLICATION EMPLOYMENT AGREEMENT

I have made an application with Schmit Towing, Inc. for employment. If hired by Schmit Towing, Inc. I agree to abide by the following requests as stated below.

1. **Non-Solicitation of Customers.** For a period of three years after my employment with the company ends, I will not solicit or make calls on any of the company's customers for the purpose of persuading the customer to change its account from the company to another company.
2. **Non-Solicitation of Employees.** For a period of three years after my employment with the company ends, I will not recruit, solicit or encourage any employee of the company to seek employment with any competitor of the company or any other towing/transportation company within 30 miles of the company.
3. **Preserving Confidential Company Information.** I agree that during my employment and after my employment with the company ends, I will not disclose to anyone who is not employed by the company any information considered confidential to the company, which includes, but is not limited to, company policies, financial information, business accounts and competitor data. When my employment with the company ends, I will return to the company, the same day, all company property, including all customer lists, books and records, manuals, uniforms and the like.
4. **Breach Of Agreement.** I acknowledge that if I violate any of the above provisions, the company shall be entitled to liquidated damages from me in the amount of \$10,000. Further, I will be responsible for the company's reasonable attorney's fees incurred in enforcing any of the above provisions or in collecting the damages provided by this Agreement.
5. **Damage Of Company Equipment.** I acknowledge and agree that I will be held responsible for any damages or loss incurred by the company or its customers, which result from my negligence or carelessness. The amount of damages is limited to \$1,000 per occurrence. Any outstanding amounts owed by me when my employment ends may be deducted from any final paycheck. I understand that two or more occurrences of damage resulting from my negligence or carelessness may be grounds for termination of my employment.
6. **Release Of Claims.** I acknowledge that any claims I may have for personal injury, medical or hospitalization expenses and the like incurred as a result of my employment with the company are limited to those provided by applicable Worker's Compensation laws or any applicable employee insurance coverage under the company's group insurance plan. I release the company, its shareholders, directors and officers from any claims, demands, actions, judgments and causes of action which I may now have or claim at any time during my employment. Such release does not in any way limit the liability of any applicable Worker's Compensation coverage or laws or any other insurance coverage.
7. **Employment At Will.** I understand that these policies do not form a contract or an offer of contract. I further understand that my relationship with the company is at will, meaning that I can terminate my employment at any time, for any reason, or for no reason at all, and that the company has the same right. This at-will relationship may only be changed in writing signed by a company officer and myself.
8. **Education Expenses.** I acknowledge and agree that any education expenses paid by Schmit Towing on my behalf shall be deducted from my final paycheck if my employment ends for any reason within one year of the payment for said education.
9. **General.** I acknowledge that the provisions recited above do not prevent me from earning a living; rather, they are reasonable and necessary to protect the company's legitimate business interests. Further, I specifically acknowledge that the consideration received in exchange for this agreement is sufficient, that I have signed it voluntarily and of my own free will, and that I have signed with full knowledge of its significance.

If you do not understand any of the above statements, ask and they will be explained to you.

Applicant Signature

Date

Company Representative Signature

Date

Dear Prospective Employee,

Due to the cost involved in qualifying a new employee to work with the Department of Transportation (DOT) and City of Minneapolis requirements, you agree that if your employment with Schmit Towing, Inc. lasts less than six months, Schmit Towing, Inc. will deduct from your last paycheck the following amounts (only if Schmit Towing, Inc. paid the following fees for you)

| | |
|------------------------------|------|
| DOT Physical/Health Card | \$50 |
| DOT Drug Screen | \$50 |
| DOT Specimen Collection | \$18 |
| Independent Background Check | \$69 |

Signature

Date

SCHMIT TOWING, INC.

92 – 43rd Avenue NE
Minneapolis, MN 55421
(763)253-1568 – (763)253-1569 FAX
1-800-334-4332

MOTOR VEHICLE RECORD POLICY

It is the policy of Schmit Towing, Inc. to obtain and review Motor Vehicle Record (MVR) on each prospective employee before an offer for employment is extended to the individual. Motor Vehicle Records are checked annually on all employees where driving is part of their job description.

Management of Schmit Towing, Inc. will review the Motor Vehicle Record to ascertain whether the applicant or employee holds a valid license and their driving record is within the parameters set by company policy. If the employee's driving record does not meet the criteria set by management, remedial training or other disciplinary action may be taken.

By signing below I authorize Schmit Towing, Inc. to obtain my driving record. I understand that at any point in my employment my driving record may be obtained by me employer and/or their representatives.

Applicant Signature

Date of Birth

Driver's License #

State

Print Name Neatly

For Office Use and Insurance Company Use Only

_____ Added as new driver ASAP

_____ Check record as potential new hire – Fax to us ASAP At 763-253-0257

_____ Delete from policy

Faxed Date _____ By _____