



Please fill out this form in its entirety and email it back to HR@tuffwrap.com

Applicants Certification, Authorization, and Understanding
READ CAREFULLY

Tuff Wrap Installations, Inc. is an equal opportunity employer and complies with applicable Federal, State, and local laws concerning discrimination and employment. No question is intended to elicit information in violation of any such law. By completing this application you are certifying that the answers given are true, correct and complete. Applicant understands that this application is not a contract or offer of employment but that any factual misrepresentation or omission in this application shall be grounds for discharge, if employed. By completing this application, you are authorizing Tuff Wrap Installations, Inc. to contact previous employers and references to inquire about your skills and qualifications. Tuff Wrap Installations, Inc. reserves the right to require additional applications, information, tests, examinations, and authorizations from you in order or evaluate your skills and qualifications.

Today's Date: _____

Identification

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Email: _____ Social Security Number _____

Driver's License #: _____ State: _____

NOTE: All employees of Tuff Wrap Inc. must have and maintain a valid driver's license.

Background

Are you a U.S. Citizen or otherwise authorized to work in the U.S.?

() YES, () NO

During the last ten years, have you ever been charged, convicted or pleaded guilty to a crime other than minor traffic offense? (A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.) If yes, please provide details (dates and location for all convictions)

[] Yes () NO

Are you under the restrictions of a non-compete agreement with your current or any prior Employer? [] YES [] NO If yes, describe.



Have you ever been fired or asked to resign? YES NO If yes, describe.

Have you ever been employed here before? YES NO If yes, give dates.

Position Desired

Position Applying for: _____

How did you hear about this opportunity? _____

Employment status desired? FULLTIME PART TIME TEMPORARY

Wages Desired: _____ Date available to start working _____

Experience and Qualifications

Current position: _____

Current employer: _____

Previous positions and employers if employed less than 3 years with your current:

List the schools you have attended and the degrees you have obtained: _____

Do you have a valid driver's license? YES NO

Have you ever had a driver license suspended or revoked? YES NO If yes. Explain.

Have you been involved in any automobile accidents in the past five years where you were the Driver? YES NO If yes, explain.

Do you own a car that you can use to get to/from job sites that are several hours apart?
 YES NO



The work done by Tuff Wrap Installations involves working at heights of over thirty feet, lifting equipment and materials weighing more than 100 pounds, and working in dusty and dirty environments. Do you have any physical limitations or restrictions that would limit your ability to perform these job qualifications? YES NO If yes, explain.

The work done by Tuff Wrap Installations involves extended travel for weeks or months at a time. Do you have any physical limitations or restrictions that would limit your ability to perform these essential job qualifications? YES NO If yes, explain.

The work done by Tuff Wrap Installations involves work at locations that requires high level security clearance, criminal background checks, and drug testing. Do you have any reason to believe you would not be granted security clearance, and /or successfully pass a drug and/or background test? YES NO If yes, explain.

WE WILL BE CONDUCTING A DRUG TEST AND A CRIMINAL BACKGROUND SEARCH. IS THERE ANYTHING YOU ANTICIPATE BEING DISCOVERED?

References

Name _____ Phone # _____

Relationship _____

Name _____ Phone # _____

Relationship _____

Name _____ Phone # _____

Relationship _____

Certification

Do you certify that you have read and understand this document and that the information you have provided is true and correct and complete? YES NO

Signature: _____

1. POLICYHOLDER'S NAME	POLICY NUMBER	AGENT NO.	AGENT NAME
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POLICYHOLDER'S ADDRESS

DRIVER INFORMATION	2. DRIVER'S FIRST NAME	MIDDLE INITIAL	LAST NAME	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	
	LICENSE NUMBER	STATE Prior State And Operator's Number if Less Than 3 Years		Date First Licensed Or Date Of Permit	DATE OF BIRTH	SOCIAL SECURITY NUMBER
	COMMERCIAL DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE HIRED	JOB TITLE	DRIVER'S AUTO INSURANCE COMPANY	HOME PHONE NUMBER	

3. WARNING: An incorrect answer, intentional or not, to any question below may jeopardize continuing coverage. If the answers to any of the following are "Yes," give details in space provided.

	YES	NO
Has driver:		
(a) Had any auto insurance refused, cancelled or expired in the past 5 years? or been excluded or restricted on a policy in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
OHIO ONLY: Had any auto insurance refused, cancelled or expired for:		
(1) Material misrepresentation in application or in submission of claims?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Suspension, revocation or expiration of operator's license of named insured or principal operator?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Been required to file evidence of financial responsibility in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Had their driver's license or driving privileges revoked or suspended in the past 5 years? (Give date and reason.)	<input type="checkbox"/>	<input type="checkbox"/>
(d) Received a ticket for speeding, a PBJ (PJC in NC), or any other vehicle code violation within the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
(f "Yes," give date and description of violation(s). If speeding, include your actual speed and the speed limit.)		
(e) Ever receive any felony convictions? Give date, description and penalty.	<input type="checkbox"/>	<input type="checkbox"/>
(f) Had a physical or mental impairment or disability or other medical infirmity? Identify any such condition (e.g., heart, diabetes, epilepsy, hearing, sight or limb loss, back condition or other medical infirmity), its duration and treatment obtained and/or medication prescribed.	<input type="checkbox"/>	<input type="checkbox"/>
(g) Had any comprehensive losses (deer, fire, glass breakage, theft, etc.) in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
(h) While driving any motor vehicle, commercial or personal, been involved in an accident during the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
Describe all accidents regardless of who was at fault under No. 8 below.		
(i) FOR MD ONLY: Refused to submit to a chemical test or been given probation before judgment for an alcohol violation in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
(NOTE FOR DC ONLY: Question 3(a) not applicable. For questions (b), (c),(d), (g), (h) & (i), ask for 3 year record only.)		
(NOTE FOR MD ONLY: For Questions 3 (a), (b), (c), (d), (g), (h) & (i) ask for 3 year record only.)		
(NOTE FOR WI ONLY: Question 3(f) not applicable.)		

Details for "Yes" answers:

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4. List driver's previous experience driving types of commercial vehicles insured and any safety courses completed

5. Does driver take home any company autos on a regular basis? Yes No If yes, what vehicle(s)

6. Does driver have any restrictions on license? Yes No If yes, what are the restrictions?

7. Were MVRs/CLUES ordered on any/all drivers? Yes No If "Yes," attach copies.

8. OTHER PERTINENT INFORMATION _____

AGENT: Do you consider this an acceptable risk?

Agent's Signature

PLEASE READ:	
DC APPLICANT(S)	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
MD APPLICANT(S)	Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
NY APPLICANT(S) (Fraud Warning)	Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.
OHIO APPLICANT(S)	Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
PA APPLICANT(S)	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.
TN & VA APPLICANT(S)	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
WV APPLICANT(S)	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
OTHER APPLICANT(S)	Any person who knowingly files an application containing any false, incomplete or misleading information, may be subject to criminal and/or civil penalties.

COMMERCIAL DRIVER SIGNATURE	<p>I certify that I have given true and complete answers to the above questions. You have my permission to obtain a copy of my motor vehicle driving record for purposes of determining my eligibility for coverage under this policy.</p> <p>DRIVER'S SIGNATURE Date</p>
POLICY-HOLDER SIGNATURE	<p>POLICYHOLDER'S (OR AUTHORIZED REPRESENTATIVE'S) SIGNATURE Date</p> <p>Title</p>