

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

| | | | |
|------------------------|-------------|---------------------|----------|
| NAME (LAST NAME FIRST) | | SOCIAL SECURITY NO. | |
| PRESENT ADDRESS | CITY | STATE | ZIP CODE |
| PERMANENT ADDRESS | CITY | STATE | ZIP CODE |
| PHONE NO. () | REFERRED BY | | |

EMPLOYMENT DESIRED

| | | |
|---|--|----------------|
| POSITION | DATE YOU CAN START | SALARY DESIRED |
| ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO | WHERE? | WHEN? |

EDUCATION HISTORY

| NAME & LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|--|----------------|-------------------|------------------|
| GRAMMAR SCHOOL | | | |
| HIGH SCHOOL | | | |
| COLLEGE | | | |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL | | | |

GENERAL INFORMATION

| | |
|---|------|
| SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS | |
| | |
| | |
| U.S. MILITARY OR NAVAL SERVICE | RANK |

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

| DATE MONTH AND YEAR | NAME & ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|------------------------|----------------------------|--------|----------|--------------------|
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

| NAME | ADDRESS | BUSINESS | YEARS KNOWN |
|------|---------|----------|-------------|
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AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

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|-------------|-----------|-----------|-------------|--------------|
| NEATNESS | | CHARACTER | | |
| PERSONALITY | | ABILITY | | |
| HIRED | FOR DEPT. | POSITION | WILL REPORT | SALARY WAGES |

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

CONSUMER DISCLOSURE AND AUTHORIZATION FORM

Disclosure Regarding Background Investigation

AAA Washington - Evergreen State Towing, LLC (the "Company") may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment, as applicable. This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). These background reports may be obtained at any time after receipt of your authorization and, if you are employed by the Company, throughout your employment. If you are a California applicant or employee, your authorization will be requested prior to obtaining any subsequent background report.

HireRight, Inc., or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight, Inc. is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight, Inc. can be contacted by phone at (800) 400-2761. Information about HireRight's privacy practices is available at

The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

ADDITIONAL STATE LAW NOTICES

If you are a California, Maine, Massachusetts, New York or Washington State applicant or employee, please also note:

understand that if the Company employs me, my consent will apply, and the Company may obtain background reports, throughout my employment, unless I am employed in California. For those employees employed in California, an authorization will be requested prior to any subsequent background reports being obtained by the Company.

I understand that information contained in my employment application, or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

☐ California, Minnesota or Oklahoma applicants only: Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

Please complete the information necessary to request the background check and sign the form. This information will be utilized for background check purposes only and will not be used in making any employment decisions.

Applicant Last Name _____ First _____ Middle _____
Applicant Signature _____ Date _____

NEW EMPLOYEE / NEW OWNER INFORMATION



Name:

(As it appears on Washington State Driver's License)

Address:

Street

City

Zip

Date of Birth:

Driver's License No.:

Last 4 of SSN:

Tow Company Name:

RTTO #:

I am a:

☐ New Owner

☐ New Employee

Date Hired:

Type of Employee:

☐ Driver

☐ Office Staff

☐ Other:

CRIMINAL HISTORY STATEMENT

Have you ever been charged with or convicted of a crime?

☐ YES ☐ NO

If you answered "yes," please explain each charge or conviction fully below. You must include events that occurred while you were a juvenile. **False or incomplete information may result in denial.** If more space is needed, attach additional sheets in the same format.

| Date Charged | Charge | City | County | State | Disposition |
|--------------|--------|------|--------|-------|-------------|
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NEW EMPLOYEE / NEW OWNER INFORMATION



RESIDENCE INFORMATION

You must list all places of residence for the last 10 consecutive years, including foreign residences. List your current residence first. If more space is needed, attach additional sheets in the same format.

| Dates From – To | City | County | State |
|-----------------|------|--------|-------|
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CERTIFICATION

I certify under penalty of perjury that all answers and statements on pages 1 and 2 are true, correct, and complete to the best of my knowledge. I understand that false or incomplete information by a new employee may result in denial, and that false or misleading information by an applicant or letter of appointment holder may result in denial, revocation, or suspension of a letter of appointment.

Signature of New Owner or New Employee

Date

Tow Company Name

District

()
Fax

Within three days of employing a new driver, anyone who assists in vehicle auctions, or anyone involved in daily operations, an operator must advise the inspector in writing of the employee's identity, including name, address, and date of birth. [WAC 204-91A-050(2)].¹ The inspector will notify the operator if the new employee does not meet the minimum requirements under a letter of appointment. Until the WSP inspector approves the new employee, the new employee must be in the immediate presence of an approved driver or employee while operating a tow truck, assisting with vehicle auctions or performing daily operations.

MAIL OR FAX TO:

| | | |
|---------------------|----------------|-------|
| Name | | |
| Trooper Chad Bassen | | |
| Address | | |
| PO Box 19130 | | |
| City | State | Zip |
| Spokane | WA | 99219 |
| Office Phone Number | Fax Number | |
| (509) 227-6632 | (509) 227-6639 | |

See Washington State Legislature Web site at <http://app.leg.wa.gov/wac/default.aspx?cite=204-91A-050>.