

## Employment Application Instructions.

1. Complete all forms clearly.
2. Sign where required.
3. Attach employment driving abstract.
4. Attach copy/photo of driver's license.
5. You may attach a separate resume in addition to the application.
6. Deliver in person or mail the forms to:

Dick's Towing, Inc.  
3516 Paine Ave,  
Everett, WA 98201

For inquiries please contact

[Sjoukje@dicks-towing.com](mailto:Sjoukje@dicks-towing.com)

If you choose to email your application, be aware that email is not a secure method of delivery.  
Any submission of forms via email is not secure and is at your own risk.

Application documents shown below.



Position applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Referral Source: Newspaper ad: \_\_\_ Employee: \_\_\_ Relative: \_\_\_ Gov't Employment Agency: \_\_\_

Walk-in: \_\_\_ Private Employment Agency: \_\_\_ Other: \_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
Street City State Zip code

Home Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Best time to call you at home: \_\_\_\_\_

May we contact you at work? \_\_\_\_\_ Telephone number: \_\_\_\_\_

Have you submitted an application here before? \_\_\_\_\_ Date: \_\_\_\_\_ Position: \_\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_

Are you able to meet the attendance requirements of the job? \_\_\_\_\_ Will you work overtime if required? \_\_\_\_\_

Desired pay range: \_\_\_\_\_

Type of employment desired: Fulltime: \_\_\_\_\_ Part Time: \_\_\_\_\_ Temporary: \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Employer at time of bonding: \_\_\_\_\_

Have you ever pled guilty or no contest to, or been convicted of a crime? \_\_\_\_\_

If yes, please provide dates and details: \_\_\_\_\_

(Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violations, rehabilitation and position applied for will be taken into account.)

Driver's License Number if driving is an essential job function: \_\_\_\_\_ State: \_\_\_\_\_

(Please attach a current commercial abstract of your motor vehicle record.)

**EMPLOYMENT HISTORY**

Provide information below for last 3 jobs, **beginning with most recent.** You may use the comment section provided to explain any employment gaps or to provide any other details you feel are pertinent.

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
                    Street                                    City                                    State                                    Telephone

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Name of Immediate Supervisor \_\_\_\_\_

Starting Pay rate: \_\_\_\_\_/Hr. \_\_\_\_\_/Mo. \_\_\_\_\_ Yr. Ending Pay rate: \_\_\_\_\_/Hr. \_\_\_\_\_/Mo \_\_\_\_\_ Yr.

Summarize work performed and job responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact for reference: \_\_\_\_\_

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
                    Street                                    City                                    State                                    Telephone

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Name of Immediate Supervisor \_\_\_\_\_

Starting Pay rate: \_\_\_\_\_/Hr \_\_\_\_\_/Mo. \_\_\_\_\_ Yr Ending Pay rate: \_\_\_\_\_/Hr \_\_\_\_\_/Mo \_\_\_\_\_ Yr

Summarize work performed and job responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact for reference: \_\_\_\_\_

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
                    Street                                    City                                    State                                    Telephone

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Name of Immediate Supervisor \_\_\_\_\_

Starting Pay rate: \_\_\_\_\_/Hr \_\_\_\_\_/Mo. \_\_\_\_\_ Yr Ending Pay rate: \_\_\_\_\_/Hr \_\_\_\_\_/Mo \_\_\_\_\_ Yr

Summarize work performed and job responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact for reference: \_\_\_\_\_

COMMENTS: (Include explanation of any gaps in employment.)

SKILLS and QUALIFICATIONS: Summarize any special training, skills, licenses, or certificates that may qualify you for job related functions in the position for which you are applying.

EDUCATIONAL BACKGROUND:

*Please list High School and Colleges attended, starting with most recent. List number of years completed and both major and minor fields of study. Indicate degree or diploma earned, if any and Grade Point Average.*

<b>School, City, State</b>	<b>Years Completed</b>	<b>Major Field of Study</b>	<b>Minor</b>	<b>Grade Point Average</b>

REFERENCES

*Provide name and phone numbers of Three People under whose immediate supervision you worked. Provide name and phone numbers of three personal references and indicate what your relationship is with them and how long you have known them.*

**Employment References:**

<b>Name</b>	<b>Title</b>	<b>Telephone</b>

**Personal References:**

<b>Name</b>	<b>Relationship</b>	<b>Telephone</b>

**APPLICANT STATEMENT**

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to cancel further consideration of the application, or whenever discovered, to immediately to discharge me from the employers service.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references, both personal and employment related, and from employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application and provided in a job interview.

I hereby waive any and all rights and claims that I may have regarding the employer, its agents, employees or representatives for seeking, gathering, and using such information in the employment process and I hold harmless all persons, corporations, or organizations for furnishing any such information about me to this employer.

I understand that this employer does not unlawfully discriminate in employment, and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to submit a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary, and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigrations laws require me to complete an I-9 Form in this regard. I further understand that any offer of employment by employer is conditional upon my successfully passing a drug test.

**Note to Applicant: Do not sign until you have read the above statement!!**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**DRIVING RECORD**

- HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?  
 YES \_\_\_\_\_ NO \_\_\_\_\_
- HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?  
 YES \_\_\_\_\_ NO \_\_\_\_\_
- HAVE YOU EVER BEEN ARRESTED OTHER THAN ON TRAFFIC CHARGES?  
 YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO ANY OF THE ABOVE IS YES, ATTACHED A STATEMENT GIVING DETAILS.

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ACCIDENT RECORD FOR THE PAST THREE YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

<b>DATES</b>	<b>NATURE OF ACCIDENT</b>	<b>FATALITIES/INJURIES</b>
LAST ACCIDENT:		
NEXT PREVIOUS:		
NEXT PREVIOUS:		

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE YEARS (OTHER THAN PARKING VIOLATIONS)

<b>LOCATION</b>	<b>DATE</b>	<b>CHARGE</b>	<b>PENALTY</b>

**DRIVING EXPERIENCE**

<b><u>EQUIPMENT CLASS</u></b>	<b><u>TYPE OF EQUIPMENT</u></b>	<b><u>DATES: TO &amp;</u></b>	<b><u>FROM</u></b>	<b><u>MFG TYPE</u></b>
<b><u>CLASS A (1 TON)</u></b>				
<b><u>CLASS B (2 TON)</u></b>				
<b><u>CLASS C (SEMI)</u></b>				
<b><u>CLASS E (FLATBED)</u></b>				
<b><u>(OTHER)</u></b>				

# 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 a crime?  YES  NO

Have you ever been convicted of a crime?  YES  NO

[To include criminal traffic violations for charges and convictions (i.e., Suspended, Reckless Driving, DUI)]

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

# 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

## 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)].<sup>1</sup> 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 Jeff MacDonald #876			
Address 3860 Airport Way			
City Bellingham	State WA	Zip 98226	
Office Phone Number (360) 676-2007	Fax Number (360) 676-2062		

<sup>1</sup> See Washington State Legislature Web site at <http://app.leg.wa.gov/wac/default.aspx?cite=204-91A-050>.