

# 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.	SECONDARY PHONE NO.	REFERRED BY	

## Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <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	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <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
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

## General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL 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

**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 \_\_\_\_\_

**Do Not Write Below This Line**

DATE \_\_\_\_\_ INTERVIEWED BY \_\_\_\_\_

**Remarks**

NEATNESS	CHARACTER			
PERSONALITY	ABILITY			
HIRE	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED:

EMPLOYMENT MANAGER \_\_\_\_\_ DEPARTMENT HEAD \_\_\_\_\_ GENERAL MANAGER \_\_\_\_\_

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# WASHINGTON COUNTY SHERIFF'S OFFICE



"Conserving the Peace"  
Sheriff Pat Garrett

## TOW COMPANY - SECURITY CHECK REQUEST FORM

**Attention: Records Tow Supervisor**

**Fax: 503-846-2719**

Company Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Employee Name: \_\_\_\_\_  
Last Name First Middle

Date of Birth: \_\_\_\_\_ Last four numbers Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ / \_\_\_\_\_ Position: \_\_\_\_\_  
State

Description: \_\_\_\_\_  
Height Weight Eye Color Hair Color

### ***Authority to Conduct a Background Investigation***

As a contractor with the Washington County Sheriff's Office, I hereby authorize Washington County Sheriff's Office to conduct a background investigation for tow contract purposes. I understand that such background investigation will remain confidential as required by Oregon and Federal Statutes.

Employee Signature Authorization

Date

### **TO BE COMPLETED BY SHERIFF'S OFFICE STAFF ONLY**

Completed By: \_\_\_\_\_  
Name Date

Approved: Yes: \_\_\_\_\_ No: \_\_\_\_\_

215 SW Adams Avenue, MS #32 • Hillsboro, OR 97123-3874  
phone 503-846-2772 • fax 503-846-2719 • [www.co.washington.or.us/sheriff](http://www.co.washington.or.us/sheriff)

**CONFIDENTIALITY AGREEMENT  
CONTRACT FOR VEHICLE TOWING AND STORAGE**

I understand and agree that:

1. On or about December 1, 2012, \_\_\_\_\_ (Tow Firm) signed an application to provide vehicle towing and storage services to the Washington County Sheriff and contract law enforcement agencies. The Towing Policy and Manual requires the Tow firm and its employees to treat as confidential all the information provided by the Washington County Sheriff or a Contract Law Enforcement Agency pursuant to the Towing Procedures Manual.
2. In the course of my employment for the Tow firm, I may have access to or become aware of, information regarding the pursuit, apprehension or prosecution of criminal suspects, which may be of a highly confidential or sensitive nature.
3. I will treat the official business of the Washington County Sheriff or Contract Law Enforcement Agency as confidential. I agree that I will disseminate this information only to those agencies, officials and /or tow firms for whom it is intended as provided by the Towing Procedures Manual, and to no other person. I further agree not to divulge or disclose to any person any confidential or sensitive information of any kind or form learned or obtained by me in performance of my employment by the Tow firm which may enable or allow any person to conceal or dispose of goods, money or other valuable items stolen or otherwise unlawfully obtained, or to avoid detection, arrest, or punishment.
4. I agree that I have personal and individual responsibility for the protection of all law enforcement information, documents and material I come into contact with in the course of my employment with the Tow firm, and that disclosure of law enforcement information in violation of this Confidentiality Agreement may result in my dismissal or other disciplinary action by the Tow firm.
5. I will report at once to my immediate supervisor and the Washington County Sheriff's Office if I am arrested, charged, convicted, or sentenced for any criminal offense. I agree that failure to report as provided by the Towing Procedures Manual may result in my dismissal or other disciplinary action by the Tow firm.
6. For Tow Truck Drivers: I understand that the Washington County Sheriff's Office issued driver's identification is the property of the Washington County Sheriff's Office and must be returned upon the end of my employment and cannot be used in the performance of a criminal act.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tow Firm Name

\_\_\_\_\_  
Tow Firm Authorized Signature

\_\_\_\_\_  
Date