

11612 RM 2244, Ste. #1-200, Austin, TX 78738 Phone: (512) 708-0148 Fax: (512) 708-9486

Tow Truck Questionnaire

| Please indicate the following: | | |
|---|------------------------------|--|
| Reference check of former employers: | □ Yes □ No | |
| Written test for new hires: | □ Yes □ No | |
| Road test for new hires: | ☐ Yes ☐ No | |
| Annual review of Motor Vehicle Record: | ☐ Yes ☐ No | |
| Pre-employment physical exam: | ☐ Yes ☐ No | |
| Pre-employment drug & chemical screening? | □ Yes □ No | |
| Drug testing- random or at the time of accident? | ☐ Yes ☐ No | |
| Radius of your operation: | | |
| | | |
| | | |
| Are the drivers direct employees or subcontractors? | ☐ Employees ☐ Subcontractors | |
| Does your operation have a garage? ☐ Yes | s □ No | |
| If Yes, what is the % payroll dedicated to repair work? % | | |
| Does your operation repossess vehicles? ☐ Yes | s 🗆 No | |
| If Yes, what is the % payroll dedicated to repo | work? % | |
| How do you obtain your contracts? | | |
| | | |
| For towing at the scene of accidents, is the contract obtained on a 1st come, 1st serve basis? \Box Yes \Box No | | |
| Please forward copies of Motor Vehicle Record for all drivers. | | |
| Additional Comments: | | |
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