

BACKGROUND PRE-SCREENING INSTRUCTIONS FOR FSP CONTRACTORS

Have your prospective FSP Operator complete the "FSP OPERATOR APPLICANT INTERVIEW FORM" and use the results to "Pre-Screen" the applicant using the information below for each Section of the form.
(Note: Any Pre-qualification is dependent on the information received from the applicant, and completion of this form does not guarantee the issuance of a DL-64.

SECTION ONE

IF THE ANSWER TO **ANY** OF THE QUESTIONS IN SECTION ONE (1) WAS "**YES**", THE APPLICANT IS **PERMANENTLY DISQUALIFIED** FROM WORKING IN **ANY** FSP PROGRAM.

An FSP Operator must be qualified to be issued a Tow Truck Driver Certificate (DL-64) by the Department of Motor Vehicles. California Vehicle Code section 13377(a) denies the issuance the DL-64 if any of the above circumstances are met.

SECTION TWO

IF THE ANSWER TO **ANY** OF THE QUESTIONS IN SECTION TWO (2) WAS "**YES**", THE APPLICANT IS **DISQUALIFIED** FOR THE **INDICATED TIME**, FROM WORKING IN THE FSP PROGRAM. ONCE THE APPLICANT CAN ANSWER THE INDICATED QUESTION "NO", HE/SHE MAY REAPPLY.

These disqualification convictions are based on the recommendations made by the Emergency Roadside Assistance Advisory Committee (ERAAC) and the Los Angeles County Metro FSP Standard Operating Procedures.

SECTION THREE

IF THE ANSWER TO **ANY** OF THE QUESTIONS IN SECTION THREE (3) WAS "**YES**", THE APPLICANT IS **DISQUALIFIED** FOR **10 YEARS FOR FELONY CONVICTIONS** AND **5 YEARS FOR MISDEMEANOR CONVICTIONS**, FROM WORKING IN **ANY** FSP PROGRAM. These disqualification convictions are based on the recommendations made by the Emergency Roadside Assistance Advisory Committee (ERAAC).

EACH APPLICANT IS REQUIRED TO BRING THE FOLLOWING ITEMS FOR BACKGROUND SCREENING:

- 1) Valid California driver license.
License must indicate current address
or have in possession an address change card (DL-43), issued by DMV.
- 2) **Form #1-1a** "Freeway Service Patrol" Operator applicant interview form.
 Signed by Applicant.
- 3) **Form #2** Tow Operator/Driver information, CHP Form # 234F.
 Signed by Contractor and Applicant.
- 4) **Form #3** "Freeway Service Patrol" Operator application form.
 Signed by Applicant.
- 5) **Form #4** LiveScan Worksheet.
 Signed by Applicant.
- 6) If the applicant has a valid DL-64, bring it to background screening.
- 7) Fees for the processing of the Criminal History Check
 This applicant has lived in California continuously for the last seven (7) years.
Applicant needs to bring a check or money order for \$32.00, made out to "CHP".
 This applicant has lived outside of California within the last seven (7) years.
Applicant needs to bring a check or money order for \$50.00, made out to "CHP".
- 8) Rolling Fees for the processing of LiveScan Fingerprinting.
The Company used for this service changes periodically.
Contractors will be notified prior to each Background processing cycle.



FSP OPERATOR APPLICANT INTERVIEW FORM

DATE: _____ NAME OF APPLICANT: _____

COMPANY NAME: _____

DOES THE APPLICANT HAVE A VALID CALIFORNIA DRIVER LICENSE? YES NO

DOES THE APPLICANT HAVE A VALID DL-64 CERTIFICATE? YES NO

This form was developed to assist FSP Contractors in the Pre-Screening of prospective FSP Operators. This form **IS NOT** intended to replace a complete and thorough background check, which will be conducted using fingerprint comparisons from State and Federal Law enforcement databases.

SECTION ONE

HAS THE APPLICANT BEEN CONVICTED OF ANY OF THE FOLLOWING SPECIFIC CRIMES?

(PC - California Penal Code)

- YES NO 220 PC Assault with the Intent to Commit Mayhem, Rape, Sodomy, or Oral Copulation.
- YES NO 261 PC Rape or Aiding & Abetting a Rape
- YES NO 267 PC Abducting Person Under Age 18 for Prostitution
- YES NO 288 PC Lewd Act with a Child
- YES NO 289 PC Sexual Assault
- YES NO Murder, Attempted Murder, Voluntary Manslaughter or Mayhem.
- YES NO Rape, Sodomy or Oral Copulation by Force, Violence, Duress, Menace, or Fear of Immediate and Unlawful Bodily Injury on the Victim or Another Person.
- YES NO Robbery or Arson that Causes Great Bodily Injury, or that Causes an Inhabited Structure or Inhabited Property to Burn.
- YES NO Any Felony in which the Defendant Inflicts Great Bodily Injury on Any Person Other Than an Accomplice, or any Felony in Which the Defendant Uses a Firearm.
- YES NO Kidnapping, Carjacking.
- YES NO Criminal Street Gang Convictions; Extortion / Threats to Victims or Witnesses.
- YES NO Burglary(First Degree), When Another Person, Other Than an Accomplice, Was Present in the Residence During the Crime.

SECTION TWO

HAS THE APPLICANT BEEN CONVICTED OF ANY OF THE FOLLOWING SPECIFIC CRIMES?

(PC - California Penal Code VC - California Vehicle Code SOP - LA Metro FSP Standard Operating Procedures)

- YES NO 3.3.1 SOP Any Felony Conviction Within the Previous Seven Years
- YES NO 3.3.1 SOP Any Misdemeanor Conviction Within the Previous Three Years
- YES NO 191.5(a) PC Gross Vehicular Manslaughter while Intoxicated Conviction Within the Previous Seven Years
- YES NO 23153 VC Driving while Under the Influence and Causing an Injury or Death Within the Previous Seven Years. (Any subsection)
- YES NO 23152 VC Three or More Convictions of Driving while Under the Influence Within the Previous Seven Years. (Any subsection)
- YES NO Three or More Misdemeanor Drug Related Convictions, Within the Previous Five Years.
- YES NO Any Drug Related Felony Convictions, Within the Previous Five Years.

SECTION THREE

HAS THE APPLICANT BEEN CONVICTED OF ANY OF THE FOLLOWING SPECIFIC CRIMES?

(PC - California Penal Code) (VC - California Vehicle Code)

If an Answer is YES, Check the appropriate check box if, if known,
to indicate either (F) for a Felony conviction or (M) for a Misdemeanor conviction.
ALL YES ANSWERS SHOULD BE EXPLAINED IN THE COMMENTS SECTION BELOW,
(DATE / LOCATION / CIRCUMSTANCES)

- | | | | | | | | | | |
|--------------------------|-----|--------------------------|---|--------------------------|---|--------------------------|----|-----------|--|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | F | <input type="checkbox"/> | M | <input type="checkbox"/> | NO | 148 PC | Resisting/Delaying a Peace Officer |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | F | <input type="checkbox"/> | M | <input type="checkbox"/> | NO | 222 PC | Administering Drugs With the Intent To Commit a Felony |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | F | <input type="checkbox"/> | M | <input type="checkbox"/> | NO | 273.5 PC | Infliction of Injury to Spouse, Cohabitant, Parent or Child |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | F | <input type="checkbox"/> | M | <input type="checkbox"/> | NO | 261.5 PC | Statutory Rape |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | F | <input type="checkbox"/> | M | <input type="checkbox"/> | NO | 275(a) PC | Cruelty To Child |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | F | <input type="checkbox"/> | M | <input type="checkbox"/> | NO | 273(d) PC | Corporal Punishment of a Child, Resulting in a Traumatic Condition |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | F | <input type="checkbox"/> | M | <input type="checkbox"/> | NO | 417 PC | Brandishing a Firearm in a Threatening Manner |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | F | <input type="checkbox"/> | M | <input type="checkbox"/> | NO | 450 PC | Arson |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | F | <input type="checkbox"/> | M | <input type="checkbox"/> | NO | 453 PC | Possession of a Fire Bomb |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | F | <input type="checkbox"/> | M | <input type="checkbox"/> | NO | 459 PC | Burglary |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | F | <input type="checkbox"/> | M | <input type="checkbox"/> | NO | 466 PC | Possession of Burglary Tools |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | F | <input type="checkbox"/> | M | <input type="checkbox"/> | NO | 467 PC | Possession of Deadly Weapons With the Intent to Assault |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | F | <input type="checkbox"/> | M | <input type="checkbox"/> | NO | 470 PC | Forgery |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | F | <input type="checkbox"/> | M | <input type="checkbox"/> | NO | 470(a) PC | Reproduction / Falsification of Driver License or ID Card |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | F | <input type="checkbox"/> | M | <input type="checkbox"/> | NO | 470(b) PC | Display/ Possess Reproduced / Falsified Driver License or ID Card |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | F | <input type="checkbox"/> | M | <input type="checkbox"/> | NO | 477 PC | Counterfeiting Money |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | F | <input type="checkbox"/> | M | <input type="checkbox"/> | NO | 484(e) PC | Theft of an Access Card |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | F | <input type="checkbox"/> | M | <input type="checkbox"/> | NO | 484(f) PC | Forgery of Access Card Signature |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | F | <input type="checkbox"/> | M | <input type="checkbox"/> | NO | 484(g) PC | Fraudulent Use of an Access Card |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | F | <input type="checkbox"/> | M | <input type="checkbox"/> | NO | 487 PC | Grand Theft |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | F | <input type="checkbox"/> | M | <input type="checkbox"/> | NO | 496 PC | Receiving Stolen Property |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | F | <input type="checkbox"/> | M | <input type="checkbox"/> | NO | 503 PC | Embezzlement |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | F | <input type="checkbox"/> | M | <input type="checkbox"/> | NO | 538(d) PC | Fraudulent Impersonation of A Peace Officer |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | F | <input type="checkbox"/> | M | <input type="checkbox"/> | NO | 2800 VC | Evading a Peace Officer |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | F | <input type="checkbox"/> | M | <input type="checkbox"/> | NO | 10750 VC | Altering, Defacing or Replacing Vehicle ID Numbers |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | F | <input type="checkbox"/> | M | <input type="checkbox"/> | NO | 10752 VC | Fraudulent Acquisition of DMV or CHP VIN Numbers |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | F | <input type="checkbox"/> | M | <input type="checkbox"/> | NO | 10851 VC | Vehicle Theft |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | F | <input type="checkbox"/> | M | <input type="checkbox"/> | NO | 20001 VC | Hit and Run Causing Injury or Death |

COMMENTS: _____

I certify that the above information is true and correct, and that no omissions have been made.
This form will be forwarded to FSP Management (CHP) as part of your Background Screening.
Applicants are advised that giving false information to a Peace Officer, either orally or in writing, is a
Misdemeanor pursuant to vehicle code sections 20 and 31.

FSP APPLICANT'S SIGNATURE _____ DATE _____

TOW OPERATOR/DRIVER INFORMATION

CHP 234F (10/97) OPI 061 (516 H:\Data\516\FSP\Forms\BG 2 CHP234F.doc or BG 2 CHP234F.pdf)

Instructions: Please type or print clearly. Form must be filled out completely.

Operator/Driver Full Name _____
(First, Middle, Last)

Date of Birth _____ List all AKA's _____
(Use additional pages if necessary)

Company Name _____

Driver License Number _____ State _____ Exp. Date _____

License Class _____ Endorsements _____ Medical Certificate? Yes ___ No ___

Medical Certificate Expiration Date _____ Job Title/Classification _____

Number of years experience as a tow truck operator/driver in the following CHP classes:

Class A _____ Class B _____ Class C _____ Class D _____
(Light Duty) (Medium Duty) (Heavy Duty) (Super-Heavy Duty)

Operator/Driver presently enrolled in the DMV Pull Notice Program? Yes _____ No _____

Operator/Driver ever been convicted of a crime? Yes _____ No _____. If yes, explain the circumstances. Include the crimes committed, sections violated, date of convictions, country, state and county where crimes were committed.

(Use additional pages if necessary)

I certify that the above information is true and correct, and that no omissions have been made.

◆ The Operator and Driver are advised that giving false information to a peace officer, either orally or in writing, is a misdemeanor pursuant to vehicle Code Sections 20 and 31.

Contractor's signature _____ Date _____

Tow Driver's signature _____ Date _____

Receiving Officer's Name _____ ID# _____ Initials _____

FOR CHP USE ONLY: Approved _____ Disapproved _____

If an individual is not approved, provide tow operator with a written reason for the action and attach a copy of the reason to this form.



FSP OPERATOR APPLICATION FORM

FSP CONTRACTOR:

COMPLETE NAME (FIRST MIDDLE LAST)	SOCIAL SECURITY NUMBER	HOME PHONE NUMBER ()
HOME ADDRESS (NUMBER AND STREET)	CITY AND STATE	ZIP CODE

DRIVER LICENSE INFORMATION

SEX: CIRCLE ONE M F	HAIR COLOR:	EYE COLOR:	HEIGHT:	WEIGHT:	BIRTHDATE (MM/DD/YY)
PERMANENT LICENSE NUMBER:	STATE:	CLASS:	DATE LICENSE EXPIRES:		
TEMPORARY LICENSE NUMBER:	CLASS:	DATE TEMPORARY ISSUED:	ISSUING OFFICE:		
GLASSES REQUIRED TO BE WORN WHEN DRIVING? <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER DRIVING RESTRICTIONS: (EXPLAIN)			ENDORSEMENT/S:	

Has your driver's license ever been suspended, revoked or placed on probation? YES NO
If Yes, list all offenses giving an approximate date, City of offense, circumstances and final disposition below.

List any FSP companies you have worked for previously: (date, reason for leaving) Check here if NO prior FSP

Were you ever discharged, suspended or have you been requested to resign or have resigned under unfavorable circumstances from any employment ? YES NO If yes, please explain each individual incident below.

List all traffic citations you have received: (approximate date, City of offense and violation)

List all arrests, detentions by police agencies: (approximate date, City of offense and violation)
DO NOT INCLUDE JUVENILE ARRESTS

I certify that the above information is true and correct, and that no omissions have been made.
This form will be forwarded to FSP Management (CHP) as part of your Background Screening. Applicants are advised that giving false information to a Peace Officer, either orally or in writing, is a misdemeanor pursuant to Vehicle Code, sections 20 and 31.

FSP APPLICANT'S SIGNATURE _____ DATE _____

REVIEWING OFFICER'S NAME _____ DATE _____



Live Scan Worksheet

The following information is required prior to Live Scan Fingerprinting.

The information that you provide will be transferred to a four part NCR form.

PLEASE PRINT VERY LEGIBLE OR TYPE THE FOLLOWING:

Name of Applicant: _____		
Last	First	MI
AKA's: _____		CDL No. _____
Last	First	
DOB: _____	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	
HT: _____	WT: _____	Home Phone No. (____) _____
EYE Color: _____	HAIR Color: _____	Home Address: _____
Place of Birth: _____	_____	
	Street or PO Box	
SSN#: _____	_____	
	City, State and Zip Code	

I certify that the above information is true and correct, and that no omissions have been made.

This form will be forwarded to FSP Management (CHP) as part of your Background Screening. Applicants are advised that giving false information to a Peace Officer, either orally or in writing, is a Misdemeanor pursuant to vehicle code sections 20 and 31.

FSP APPLICANT'S SIGNATURE _____ DATE _____

