



23933 SE 264th St. Maple Valley, WA 98038 420 H ST NW, Auburn, WA 98001

Text or call 253-245-5410 email: team@pro-tow.com

motorplex.com pro-tow.com and fuel-spill.com

All information in compliance with FMCSA CFR49.391

| First Name Last Name Middle Current Address(city,state,zip) Prior Addresses(if above is less than 3yrs) Prior Addresses(if above addresses are less than 3yrs) Prior Addresses(if above addresses are less than 3yrs) Mobile Phone # E-mail address Referred by (how did you hear about the position?) Employment Desired Position Desired Date You Can Start Days Available Hours Available Salary Desired Most Recent Salary Education High School Years Attended Subjects Studied Date Graduated College Years Attended Subjects Studied Date Graduated Technical College Years Attended Subjects Studied Date Graduated Other Training and/or Education Subject Training Provider Dates Attended Nature and extent of experience in the position you are applying for: | Date | | Social Security # | | |
|---|--------------------------------|-----------------------------------|------------------------|-------------------|--------------------------|
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| Subject Training Provider Dates Attended | | | | | |
| | Other Training and/or Educati | ion | | | |
| Nature and extent of experience in the position you are applying for: | Subject | Training Provider | | | Dates Attended |
| Nature and extent of experience in the position you are applying for: | | | | | |
| Nature and extent of experience in the position you are applying for: | | | | | |
| | Nature and extent of experier | nce in the position you are apply | ying for: | | |
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| Applicable Experience | Describe the Trucks and/or ι | unique jobs you have done (alte | ernatively text to 253 | 3.245.5410 or ema | ail to team@pro-tow.com) |
| Describe the Trucks and/or unique jobs you have done (alternatively text to 253.245.5410 or email to team@pro-tow.com) | | | | | |
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| 10 Year Em | pioyment Histo | ory. Please Use Reverse | or attach Resu <u>m</u> | e ii lieeded |
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| Start Date | Ending Date | Name & Address of Employer | Beginning Salary | Ending Salary |
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| Personal Re | | | Contact i none | |
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| 3) | | | | |
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| 3) Why We Sh Please give a brid Special Pre Do you have a W | ef description of what s -Hiring Informa 'A Driver License? | skill(s) YOU can make a difference wation WA Driver Lice | ense# | PRO-TOW. |
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BACKGROUND CHECK AUTHORIZATION AND RELEASE FORM

I hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements I have given will be considered as cause for dismissal. As part of my request for employment, I voluntarily authorize all persons, businesses, current and former employers and supervisors, credit reporting agencies, educational institutions, law enforcement agencies, motor vehicle departments and city, state, county and federal courts to release information they may have about me to The Motorplex Corporation and or The SKR Corporation. If I am hired, this permission shall remain in effect as long as I am an employee. I voluntarily waive all recourse, and release all parties from liability, for complying with this authorization. Also, I request that a photocopy, email, or facsimile of this Authorization be treated as though it were the original. In accordance with the Fair Credit Reporting Act, as amended, if my employment is denied, based either wholly or partly on information contained in a consumer report from a consumer reporting agency, I shall be so advised, and be supplied the name and address of the consumer reporting agency making the report.

Based on WAC 204.91A.060. minimum standards are as follows:

- Any class A felony or any "sex offense" as defined in RCW <u>9.94A.030</u>, regardless of the date of conviction; or
- Any class B felony within the last ten years; or
- Any class C felony within the last five years; or
- A DUI, as defined in chapter 46.61 RCW, two or more times within the last five years; or
- Any gross misdemeanor within the last three years.
- Must not have to register as a sex offender or kidnapping offender; or
- Have not been granted a deferred prosecution under chapter <u>10.05</u> RCW for any gross misdemeanor within the last three years.
- Have not had any misdemeanor within the last year; or been granted a deferred prosecution under chapter 10.05 RCW for any misdemeanor within the last year.

I hereby authorize you to obtain a consumer report/investigative consumer report regarding me in connection with my application for employment.

Signature

Date

Personal Information

Social Security Number

Birthdate

Today's
Date

First Name

Last Name

Middle
Name

Current Address(city,state,zip)

Complete Driving Abstract Authorization To Obtain

Puruant to RCW 46.52.130 (2)(e), I hereby authorize The Motorplex Corporation and or The SKR Corporation, working as an agent of their insurance company to retrieve and receive a copy of my complete driving abstract online with the Washington State Department of Licensing.

https://fortress.wa.gov/dol/dsdiadr/EnterDriverInfo.aspx

| Signed | Printed Name |
|-------------------------------------|-------------------------------------|
| | |
| Date Signed | WA Driver License # |
| | |
| Date Of Birth | Last Four Of Social Security Number |
| Eve Colon of Listed on WA Driven Li | |
| Eye Color as Listed on WA Driver Li | cense |
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| Have you ever b | peen charged with or convicted of a crime? | | Yes | No | | |
|----------------------------------|---|---------------------|----------------|-------------|--------------------|--|
| you were a juve sheets in the sa | | esult in denial. If | f more space i | s needed, a | attach additional | |
| Date Charged | Charge | City | County | State | Disposition/Status | |
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| | I certify under penalty of perjury that all answers and statements are true, correct, and complete to the best of my knowledge. I understand that false or incomplete information by a applicant may result in denial or immediate termination. | | | | | |
| Signature | | | Date | | | |

Licensing, Training, Certifications, and Other Value Added Information

| Description | Notes | Have Yes / No ? | Date Received | Expiration Date |
|--|-------|-----------------|---------------|-----------------|
| CDL Class A | | | | |
| DOT Medical Card | | | | |
| Doubles & Triples Endorsement | | | | |
| TWIC Card | | | | |
| Hazardous Materials WDL CDL Endorsement | | | | |
| Mechanical College Degree or Trade School Certificates | | | | |
| # of Verifiable Years of Professional Experience | | | | |
| # of Hours Continuing Education in Last 2 years | | | | |
| Industry Training Certification | | | | |
| Industry Training Certification | | | | |
| Industry Training Certification | | | | |
| Industry Training Certification | | | | |
| Industry Training Certification | | | | |
| Industry Training Certification | | | | |
| Accredited OSHA 40 hour Hazwoper | | | | |
| Mobile Crane Operator (NCCO) Certification | | | | |
| Heavy Equipment Operator Training or Certification | | | | |
| First Aid and CPR Certificate | | | | |
| Forklift Certification | | _ | _ | _ |
| Flagger Certification | | | | |
| Other Applicable Training/Certifications | | | | |

| I certify under penalty of perjury that all ar | swers and statements are true, correct, and complete | to the best of my knowledge. I | understand that false or ince | omplete information by a applicate | nt may |
|--|--|--------------------------------|-------------------------------|------------------------------------|--------|
| result in denial or immediate termination. | | | | | |
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| | Cianoturo | | | | |