



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

[Text or call 253-245-5410](tel:253-245-5410)
[email: team@pro-tow.com](mailto:team@pro-tow.com)

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

All information in compliance with FMCSA CFR49.391

Personal Information

Date		Social Security #	
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:

Applicable Experience

Describe the unique jobs you have done (alternatively text to 253.245.5410 or email to team@pro-tow.com)

10 Year Employment History. Please Use Reverse or attach Resume if needed

Start Date	Ending Date	Name & Address of Employer	Beginning Salary	Ending Salary
Supervisor & Reason for leaving			Contact Phone	
Supervisor & Reason for leaving			Contact Phone	
Supervisor & Reason for leaving			Contact Phone	
Supervisor & Reason for leaving			Contact Phone	
Supervisor & Reason for leaving			Contact Phone	
Supervisor & Reason for leaving			Contact Phone	

Personal References

Personal references from people you have worked with: Name, Title, Phone Number(Work &/or home)

1)
2)
3)

Why We Should Hire You?

Please give a brief description of what skill(s) YOU can make a difference with at MOTORPLEX &/or PRO-TOW.

Special Pre-Hiring Information

Do you have a WA Driver License?	WA Driver License #
Date of birth (FMCSA Req CFR49.21.B.2)	Do you have a CDL?
What class or endorsements do you have?	WDL Expiration Date
Do you have any motor vehicle violations or accidents in the last 5 years?	
If Yes, please explain: use reverse or attachment if needed	
Have you ever been charged for a crime?	
If Yes, detail all below:	
Do you have any physical limitations that could affect a job here?	
If Yes, please explain:	
Are you willing to work weekends?	Are you willing to work overtime?
When did you last use marijuana? Other drugs? or current prescription drugs?	

Other Specific Pre-Hiring Information

Are you willing to work changing shifts?
What is your preferred work schedule?
Do you have anything that may interfere with your work schedule on a weekly or otherwise regular basis?
Do you have any medical restrictions that would impair your ability to carry out your job?
Have you had any denial revocation, or suspension of any license, permit, or privilege to operate a motor vehicle?

This certifies that this application was completed by me, and that all entries on it and info. in it are true and complete to the best of my knowledge. I authorize this company to make an investigation of all information contained in this employment application, and I release from liability all companies and corporations supplying such information. I further understand this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and the company may change wages, benefits, and conditions at any time. My employment is at will. I have read and understand the above and certify its accuracy.

Signature:

Date:



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 [9.94A.030](#), 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 [10.05](#) 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
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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

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Date Signed

WA Driver License #

--	--

Date Of Birth

Last Four Of Social Security Number

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Eye Color as Listed on WA Driver License

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Have you ever been charged with or convicted of a crime?

Yes _____ No _____

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/Status

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 _____