



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

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 le	ess than 3yrs)			
Prior Addresses(if above addresses are le	ess than 3yrs)			
Mobile Phone #				
E-mail address				
Referred by (how did you hear about the	position?)			
Employment Desired				
Position Desired	Date You Can Star	rt	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				T
Subject	Training Provider			Dates Attended
	<u> </u>			
Nature and extent of experience in the pos	sition you are apply	ing for:		
Tool Box				
Describe your tools or attach a photo of y	your tool box (altern	atively text to 253.2	245.5410 or email to	team@pro-tow.com)

Start Date		ory. Please Use Reverse	or attach Resum	e if needed
	Ending Date	Name & Address of Employer	Beginning Salary	Ending Salary
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Supervisor & Rea	ason for leaving		Contact Phone	
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	ces from people you h	ave worked with: Name, Title, Phone	e inumber(vvork &/or hom	ie)
1)				
2)				
3)				
Why We Sh	ould Hire You?			
Please give a bri	ef description of what s	skill(s) YOU can make a difference v	vith at MOTORPLEX &/or	PRO-TOW.
Special Pre	-Hiring Informa	ation		
	e-Hiring Informa		cense #	
Do you have a W	/A Driver License?	WA Driver Li		
Do you have a W Date of birth (FM	/A Driver License? CSA Req CFR49.21.B	WA Driver Lic 3.2) Do you have	a CDL?	
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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

Have you ever b	peen 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					

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				
Mechanical College Degree or Trade School Certificates				
Diagnostic Software Platform Competencies				
# of Verifiable Years of Professional Experience				
\$ of Investment in Professional Tools to be at our facility				
# of Hours Continuing Education in Last 2 years				
ASE or Industry Training Certification				
ASE or Industry Training Certification				
ASE or Industry Training Certification				
ASE or Industry Training Certification				
ASE or Industry Training Certification				
ASE or Industry Training Certification				
ASE or Industry Training Certification				
ASE or Industry Training 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 application	nt may
result in denial or immediate termination.					
	Cianoturo				