

MOTORPLEX

Auto & Heavy Truck Repair - 24hr. OnSite

PRO-TOW

24 Hr. Towing, Recovery & Transport

Four Corners, 23933 SE 264th Street
Maple Valley, WA 98038 425.413.1436
425.413.1436 Fax 206.905.0905

service@motorplex.com
www.motorplex.com

420 H ST NW
Auburn, WA 98001
253.856.3312 Fax 206.905.0905

dispatch@motorplex.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)			
Phone Number	Alternate Phone Number(s)		
E-mail address			
Referred by(how did you hear about us or 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
Technical Training, Clinics, Seminars, Specialized Training			
Subject	Training Provider	Dates Attended	

Nature and extent of experience in operating motor vehicles including equipment used:

Certifications, Accreditations, etc

ASE Engine Repair	Exp Date		Towing Certifications
ASE Engine Performance	Exp Date		Date Received
ASE Auto Trans/Transaxle	Exp Date		Towing Certifications
ASE Manual Drive Train & Axles	Exp Date		Date Received
ASE Front End	Exp Date		Towing Certifications
ASE Brakes	Exp Date		Date Received
ASE Electrical Systems	Exp Date		ASA AMI (Auto Mgmt Institute)
ASE Heating & Air Conditioning	Exp Date		Date Received
ASE Advanced Engine Performance	Exp Date		Other Certifications (describe)
DOE Emission Repair Specialist	Exp Date		

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	
Start Date	Ending Date	Name & Address of Employer	Beginning Salary	Ending Salary
Supervisor & Reason for leaving			Contact Phone	
Start Date	Ending Date	Name & Address of Employer	Beginning Salary	Ending Salary
Supervisor & Reason for leaving			Contact Phone	
Start Date	Ending Date	Name & Address of Employer	Beginning Salary	Ending Salary
Supervisor & Reason for leaving			Contact Phone	
Start Date	Ending Date	Name & Address of Employer	Beginning Salary	Ending Salary
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 convicted of a crime?	
If Yes, please explain:	
Do you have any physical limitations that could affect a job here?	
If Yes, please explain:	
Are you willing to work weekends?	Are your willing to work overtime?
Are you drug free, and willing to have an initial and random drug and alcohol test performed?	

PRO-TOW Specific Pre-Hiring Information

Are your willing to work rotational shifts?
Are you willing to drive a truck home and be in an "on call" status for night any morning call outs?
Do you believe your job performance could be impaired at an accident scene involving death or serious injury?
Do you have any medical restrictions that would impair your ability to carry out the job of a tow truck driver?
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:

Phenix Group, Inc.

P.O. Box 80009

Seattle, WA 98108-0009

Tel: 206.762.2349 or 800.245.5951

Fax: 206.762.5071 or 800.245.6114

Client Name Motorplex

Acct No 348-0000

Contact _____

Voice 425-413-1436

Fax 425-413-1091

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 **Phenix Group, Inc.** If I am employed by Motorplex, 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 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, Willows Lodge shall so advise me, and supply the name and address of the consumer reporting agency making the report.

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

APPLICANT INFORMATION

Today's Date - -

Signature of Applicant (Required)

Printed Name of Applicant

Current Address

City State Length of Time

Social Security Number - -

Date of Birth - -

Note: *Date of Birth* is used for identification purposes only.

MOTORPLEX USE ONLY

QuickCheck

✓ **Criminal Records Check**

(Please Indicate Instructions:)

✓ **Social Security Number Verification**

✓ **Social Security Number Trace Report**

Additional Instructions: