

SK TOWING EMPLOYMENT APPLICATION

PRINT
LEGIBILITY

Position Desired _____ Full Time Part Time

FULL NAME Last	First	Middle	Social Security Number - -
Address			Home Phone Number ()
City	State	Zip	Other Phone Number ()

If a drivers license is required for the position for which you are applying, do you have a valid drivers license?

Yes No License Number: _____

Expiration: _____ Date: _____ State Issued: _____

Have you used or been known by any other name? _____ If so what _____

Are you 18 years of age? Yes No Can you furnish proof of age? Yes No

Have you ever been terminated or asked to resign from any job? Yes No

If yes please explain circumstances:

May we contact your current employer? Yes No

Have you ever pled guilty or "no contest" to , or been convicted of a felony? Yes No

In case of accident or other emergency, who is the first person we should contact?

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Relation-ship: _____

Can you accept a position immediately? Yes No

EMPLOYMENT HISTORY

Please list the names of your previous employers on order with present for last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. (Attach extra sheets if necessary.)

Name of Present or Last Employer	EMPLOYMENT From (mo/yr)	PAY Start	YOUR TITLE OR POSITION	REASON FOR LEAVING
Address		\$		
City, State, Zip Code	To (mo/yr)	Final	NAME OF LAST SUPERVISOR	
Telephone		\$		
Name of Present or Last Employer	EMPLOYMENT From (mo/yr)	PAY Start	YOUR TITLE OR POSITION	REASON FOR LEAVING
Address		\$		
City, State, Zip Code	To (mo/yr)	Final	NAME OF LAST SUPERVISOR	
Telephone		\$		
Name of Present or Last Employer	EMPLOYMENT From (mo/yr)	PAY Start	YOUR TITLE OR POSITION	REASON FOR LEAVING
Address		\$		
City, State, Zip Code	To (mo/yr)	Final	NAME OF LAST SUPERVISOR	
Telephone		\$		
Name of Present or Last Employer	EMPLOYMENT From (mo/yr)	PAY Start	YOUR TITLE OR POSITION	REASON FOR LEAVING
Address		\$		
City, State, Zip Code	To (mo/yr)	Final	NAME OF LAST SUPERVISOR	
Telephone		\$		
Name of Present or Last Employer	EMPLOYMENT From (mo/yr)	PAY Start	YOUR TITLE OR POSITION	REASON FOR LEAVING
Address		\$		
City, State, Zip Code	To (mo/yr)	Final	NAME OF LAST SUPERVISOR	
Telephone		\$		

ADDITIONAL INFORMATION: Please indicate any actual work experience you have in any of the following

OFFICE	SALES/ LEASING	SERVICE AND REPAIR	PARTS
<input type="checkbox"/> Office Manager	<input type="checkbox"/> Sales Manager	<input type="checkbox"/> Service Manager	<input type="checkbox"/> Parts Manager
<input type="checkbox"/> Bookkeeper	<input type="checkbox"/> Sales Person (new car)	<input type="checkbox"/> Service Writer / Advisor	<input type="checkbox"/> Parts Counter
<input type="checkbox"/> Accounts Receivable	<input type="checkbox"/> Sales Person (used car)	<input type="checkbox"/> Dispatcher	<input type="checkbox"/> Parts Stocker
<input type="checkbox"/> Accounts Payable	<input type="checkbox"/> Sales Person (truck)	<input type="checkbox"/> Shop Foreman	<input type="checkbox"/> Parts Driver
<input type="checkbox"/> Payroll Clerk	<input type="checkbox"/> F & I Manager	<input type="checkbox"/> Mechanic / Technician	Tow Truck Operator
<input type="checkbox"/> Tag/Title Clerk	<input type="checkbox"/> Leasing Manager	<input type="checkbox"/> Electrician	<input type="checkbox"/> Driver
<input type="checkbox"/> Warranty clerk	<input type="checkbox"/> Fleet Manager	<input type="checkbox"/> Helper	<input type="checkbox"/> Manager
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Truck Manager	<input type="checkbox"/> Painter	<input type="checkbox"/> Dispatcher
<input type="checkbox"/> Cashier	<input type="checkbox"/> Used Car Manager	<input type="checkbox"/> Body Repair	<input type="checkbox"/> Owner

EDUCATION:

NAME OF SCHOOL	CITY AND STATE	YEAR GRADUATED

CHARACTER REFERENCES: Please list persons who know you well - Not previous employers or relatives:

NAME	ADDRESS	PHONE

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER
APPLICANT'S STATEMENT**

I understand that this application will be given every consideration, but it not a promise of employment.

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the SK Towing has the same right. No one other than the Owner's or Manager of SK Towing has authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that SK Towing reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination, and a test for the presence of alcohol in my system, performed by a doctor selected by SK Towing. Further, I understand that at any time after I am hired, SK Towing may require me to submit to a physical examination, and an alcohol test, to the extent permitted by law. I consent to the disclosure of the results of the physical examinations and related tests to SK Towing. I also understand that I may be required to take other tests, such as personality and honesty tests, prior to employment and during employment.

I understand that SK Towing may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of the investigation. I further understand that SK Towing may contact my previous employers and I authorize those employers to disclose to SK Towing all records pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to SK Towing, and release them from any and all liability. Claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable to me.

I hereby state that all the information that I provide on the application and in any interview is true and accurate. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

X _____

**DISCLOSURE OF INTENT TO OBTAIN
A CONSUMER REPORT**

In compliance with the Fair Credit Reporting Act, we hereby notify you that for employment purposes we may request a Motor Vehicle Report from the Department of Motor Vehicles of the State in which you are licensed to operate Motor Vehicles.

Information disclosed on your Motor Vehicle Record WILL be used in the decision process for employment with our establishment.

**CERTIFICATION OF RECEIPT OF DISCLOSURE AND
AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD**

I acknowledge that I have received a copy of the "DISCLOSURE OF INTENT TO OBTAIN A CONSUMER REPORT".

I voluntarily authorize you to obtain a Motor Vehicle Report regarding me in connection with my application for employment or my current employment.

I understand and agree that I can revoke this authorization only in writing and the revocation will be effective only upon receipt.

SIGNATURE

DATE

PRINT NAME

Print maiden name or other names which records may be listed under.

DRIVERS LICENSE # AND STATE

DATE OF BIRTH*

*Date of birth information will be used only to insure accurate information. It will not be used in the decision of employment. The Age Discrimination in Employment Act prohibits discrimination against persons 40 years of age or older.

NEW EMPLOYEE / NEW OWNER INFORMATION



RESIDENCE INFORMATION

You must list all places of residence for the last 10 consecutive years, including foreign residences. List your current residence first. If more space is needed, attach additional sheets in the same format.

Dates From—To	City	County	State

CERTIFICATION

I certify under penalty of perjury that all answers and statements on pages 1 and 2 are true, correct and complete to the best of my knowledge. I understand that false or incomplete information by a new employee may result in denial and that false or misleading information by an applicant or letter of appointment holder may result in denial, revocation or suspension of a letter of appointment.

Signature of New Owner or New Employee

Date

SK Towing, LLC
Tow Company Name

8
District

(360) 871-8169
Fax

Within three days of employing a new driver, anyone who assists in vehicle auctions or anyone involved in daily operation, an operator must advise the inspector in writing of the employee's identity, including name, address and date of birth. [WAC 204-91A-050(2)]. The inspector will notify the operator if the new employee does not meet the minimum requirements under a letter of appointment. Until the WSP inspector approves the new employee, the new employee must be in the immediate presence of an approved driver or employee while operation a tow truck, assisting with vehicle auctions or performing daily operations.

MAIL OR FAX TO:

Name: Joseph Pudlo		
Address 4811 Werner Road		
City Bremerton	State WA	Zip 98312
Office Phone Number (360) 473-0030	Fax Number (360) 473-0121	