

Greenwood Moving & Storage, Inc.

APPLICATION FOR EMPLOYMENT

PERSONAL

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY # _____	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE #	MOBILE PHONE #		
DATE OF BIRTH	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	HOURLY RATE DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?	

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
VOCATIONAL OR TRADE SCHOOL			

GENERAL INFORMATION

DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE A VALID CHAUFFEUR'S OR CDL LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, CAN YOU OPERATE A MANUAL TRANSMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, INCLUDING A MISDEMEANOR OR A FELONY CONVICITION? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN.

CONTINUED ON NEXT SIDE

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES NO

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES NO

IF YOU ARE AN INDIVIDUAL WITH A DISABILITY, WE ASK THAT YOU INFORM US OF ANY REASONABLE ACCOMMODATION(S) YOU FEEL YOU MAY NEED IN ORDER TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING.

EMPLOYMENT HISTORY

(List present or most recent employer first. Include all employers. Attach additional sheet if needed.)

EMPLOYER	Employed from <hr/> Month / Year Employed to <hr/> Month / Year	JOB TITLE	STARTING WAGE	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <hr/> <u> </u> hrs per week REASON FOR LEAVING:
ADDRESS/CITY		DUTIES	PRESENT / LAST WAGE	
SUPERVISOR				
PHONE NO.				
EMPLOYER	Employed from <hr/> Month / Year Employed to <hr/> Month / Year	JOB TITLE	STARTING WAGE	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <hr/> <u> </u> hrs per week REASON FOR LEAVING:
ADDRESS/CITY		DUTIES	PRESENT / LAST WAGE	
SUPERVISOR				
PHONE NO.				
EMPLOYER	Employed from <hr/> Month / Year Employed to <hr/> Month / Year	JOB TITLE	STARTING WAGE	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <hr/> <u> </u> hrs per week REASON FOR LEAVING:
ADDRESS/CITY		DUTIES	PRESENT / LAST WAGE	
SUPERVISOR				
PHONE NO.				
EMPLOYER	Employed from <hr/> Month / Year Employed to <hr/> Month / Year	JOB TITLE	STARTING WAGE	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <hr/> <u> </u> hrs per week REASON FOR LEAVING:
ADDRESS/CITY		DUTIES	PRESENT / LAST WAGE	
SUPERVISOR				
PHONE NO.				

REFERENCES (LIST THREE PERSONS NOT RELATED TO YOU.)

NAME			
OCCUPATION			
RELATIONSHIP			
STREET ADDRESS			
CITY, STATE, ZIP			
TELEPHONE			

CONTINUED ON NEXT PAGE

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I agree that the company shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may be cause for termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical exam.

I also authorize the organizations, schools or persons named above to give any information requested regarding my employment, character and qualifications. I hereby release said organizations, schools or persons from all liability for any damage for issuing this information. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either my employer or myself.

I understand that if I am hired I agree to following work days, hours, dress code, alcohol and drug testing.

DRESS CODE:

- BLUE JEANS OR DARK BLUE WORK PANTS WORN AT THE WAIST.
- PANTS MUST BE REGULAR FIT (NOT BAGGY) AND NOT HAVE STAINS, HOLES OR TEARS.
- NO TANK TOPS, NO MUSCLE SHIRTS OR CUT-OFF SHIRTS.
- NO PROFANITY, VULGAR, LUDE, A DIFFERENT MOVING COMPANY OR LIQUOR ADVERTISEMENTS.
- SHOES MUST HAVE LACES TIED.
- NO FACIAL OR TONGUE PIERCINGS.

WORK SCHEDULE:

- MONDAY – SATURDAY (or as needed)
- REPORT TO WORK AT 7:45 AM (unless otherwise informed)

ALCOHOL AND DRUG TESTING:

- RANDOM ALCOHOL AND DRUG TESTING WILL BE PERFORMED, TESTING POSITIVE OR REFUSING TO SUBMIT TO THE TEST WILL RESULT IN IMMEDIATE TERMINATION.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

REMARKS

CONTINUED ON NEXT SIDE

