



Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Date:

/ /

Applicant Data

Position applied for:

Name - Last		First	Middle
Social Security Number		Drivers License (state, number & expiration)	Date of Birth
Telephone Number		Cell Phone / Other	
Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? From ___/___/___ to ___/___/___			
Are you a citizen of the United State? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you legally allowed to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are under 18 and we require a work permit, can you furnish one? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you able to perform all the essential functions of the moving position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, describe what functions cannot be performed.			
Do you have any pre-existing medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			
Have you ever filed a claim with worker's compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			
Have you ever been released from prison/jail as a result of a crime for which you were convicted (felony or misdemeanor) within the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a felony, misdemeanor or other criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, please describe the nature, date and place of the offense and disposition of the case: (a conviction will not necessarily disqualify applicant)</u>			
Do you have a reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No How will you get to and from work every day? <input type="checkbox"/> Own Car <input type="checkbox"/> Bus <input type="checkbox"/> Other: _____			
Emergency Contact (Name / Relationship)		Address	Phone Number

Education

High School Name, City		Last grade completed	Year
College or trade School Name, City		Last grade completed	Year

Employment History (Begin with most recent position)

Present or Most Recent Employer	From Mo/Yr	To Mo/Yr	Job Title
Duties Performed			
Address	Final Salary/Hourly Wage \$		Reason for leaving or waiting to Leave
Name of Supervisor	Telephone		May we Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	From Mo/Yr	To Mo/Yr	Job Title
Duties Performed			
Address	Final Salary/Hourly Wage \$		Reason for leaving
Name of Supervisor	Telephone		May we Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Summarize your special skills or qualifications:

Initial

<p><i>I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision.</i></p> <p><i>I hereby release employers, schools or persons from all liability when responding to inquiries in connection with my application.</i></p> <p><i>I understand that if offered a position, I agree to and understand that I may be required to submit and pass a drug and/or alcohol test for the abuse of illegal substances prior to being hired or at any time during my employment. Additionally, I understand and agree to submit to a drug test at any time by Move Plus Inc. or following a work-related injury.</i></p> <p><i>In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.</i></p>	<hr/> <hr/> <hr/> <hr/>
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Print name: _____

Signature of applicant: _____ Date: _____