



JOB APPLICATION *(please print clearly)*

APPLICANT INFORMATION					
Last Name:	First:	M.I.:	Date:		
Street Address:			Apartment/Unit #:		
City:	State:	ZIP:			
Cell Phone:	Alternate Phone:				
Email:	Date Available:	Desired Wage:			
Position Applied for:		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary			
If hired, can you provide verification of your right to work in the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Proof of identity and eligibility will be required upon employment	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Do you have any relatives or friends who work for the Company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, who and what is the relationship?	
Do you have reliable transportation?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you over the age of 18 years? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Can you perform the essential functions of the position for which you are applying?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If NO, please explain:	
<i>NOTE: if you have questions as to what essential functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.</i>					
Is there anything in your background (in the last 7 years) which could preclude you from legally working on US military bases and/or school property?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, please explain:	
NOTE: A felony or misdemeanor conviction does not necessarily exclude you from opportunities with our Company					
Veteran of the U.S. Military Service?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, branch?	
ONLY complete the Driver's License information below IF you ARE applying for a job that requires you to drive on behalf of the Company:					
Do you have a valid Driver's License?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	License Number:	
Have you had your Driver's License suspended or revoked in the last three (3) years?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Class:	State:
If yes, please provide details:					

DAYS AND HOURS AVAILABLE <small>(If employed, I understand that I am required to work the schedule mandated by the company.)</small>							
DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							
EDUCATION							
	Name and Location of School		Course of Study		Diploma or Degree Received		
High School/GED							
College							
Vocational or Trade School							
Graduate							

JOB SPECIFIC SKILLS
List skills or training you have received that relate to the job you are applying for:

PROFESSIONAL EXPERIENCE
 (Start with your present or most recent position. Use an additional sheet of paper if more space is needed).

ARE YOU CURRENTLY EMPLOYED? YES NO

May we contact this employer? YES NO

Employer: _____ Telephone: _____

Full Address: _____ Supervisor: _____

Dates Employed From: _____ To: _____

Title: _____ Reason for Leaving: _____

Describe the work performed: _____

May we contact this employer? YES NO

Employer: _____ Telephone Number: _____

Full Address: _____ Supervisor: _____

Dates Employed From: _____ To: _____

Title: _____ Reason for Leaving: _____

Describe the work performed: _____

May we contact this employer? YES NO

Employer: _____ Telephone Number: _____

Full Address: _____ Supervisor: _____

Dates Employed From: _____ To: _____

Title: _____ Reason for Leaving: _____

Describe the work performed: _____

PERSONAL REFERENCES (Give at least **two** references – not relatives - with whom you have known for more than three years).

Name	Address	Telephone	Occupation

It is the policy of Firehouse Movers, Inc. to provide equal employment opportunities to all employees and applicants for employment and not to engage in discrimination against or harassment of any persons employed or seeking employment on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994) as well as state military and naval service. This policy applies to all employment practices, including recruitment, selection, promotion, transfer, merit increase, salary, training and development, demotion, and/or separation. **IMPORTANT, PLEASE READ AND SIGN:** I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice. I also understand that I may be asked to take a pre-employment drug and background screening and that those results may determine whether or not I am able to begin or continue working with this company.

Signed: _____ Date: _____

RESULTS: (FOR OFFICE USE ONLY) Hired? YES NO If Yes, Job Title and Department: _____

Date Beginning Employment ____/____/____ Compensation: \$ _____ per _____

Interviewed By: _____ Date: ____/____/____