



APPLICATION FOR EMPLOYMENT

DATE ____/____/____

ALL AROUND MOVING & STORAGE
14715 FIVE M CENTRE ROMULUS, MI 48174

Applicants are considered without regard to race, creed, color, sex, religion, age, national origin, or disability.

PERSONAL DESCRIPTION

FULL NAME _____ SOCIAL SECURITY NO _____ - _____ - _____
LAST FIRST MIDDLE INITIALDATE OF BIRTH ____/____/____ ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. (____) _____ IN CASE OF EMERGENCY NOTIFY _____ @ (____) _____

ADDRESS STREET _____ CITY _____ STATE _____ ZIP _____
LAST 3 STREET _____ CITY _____ STATE _____ ZIP _____
YEARS STREET _____ CITY _____ STATE _____ ZIP _____Do you know anyone who works for our company? **Yes – No**
(please circle one)

If yes, who and how long have you known them? _____

What is your relationship to them? _____

DRIVING EXPERIENCE & QUALIFICATIONS

Valid Drivers License Number _____ State _____ Expires on _____

License Type (Class, CDL, etc.) _____ Has you license ever been suspended, revoked or denied? **Yes – No**
(please circle one)

If yes, please explain _____

Describe driving experience (Straight Truck, Tractor Trailer, Light Truck & Trailers, Years exp.)

ACCIDENT & TRAFFIC RECORD LAST THREE YEARS

Accident

Date	Nature of Accident (Overturn, Rear-end, Jack Knife etc.)	No. of Fatalities	Commercial Vehicle	Personal Auto

Traffic Convictions

State	Date	Charge	Penalty	Commercial or Personal Vehicle

EDUCATION

Please circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Other Training _____

EMPLOYMENT & EMPLOYMENT HISTORY

Are you employed now? _____ When will you be available to start work? _____
Comments _____

LAST EMPLOYER Name _____ Phone (____) _____
Address _____
Street City State Zip
From ___/___/___ to ___/___/___ Position _____ Supervisors Name _____
Reason for leaving _____ Wages _____ / _____
Starting Ending
Can we contact them? **Yes – No**
(please circle one)

2nd LAST EMPLOYER Name _____ Phone (____) _____
Address _____
Street City State Zip
From ___/___/___ to ___/___/___ Position _____ Supervisors Name _____
Reason for leaving _____ Wages _____ / _____
Starting Ending
Can we contact them? **Yes – No**
(please circle one)

3rd LAST EMPLOYER Name _____ Phone (____) _____
Address _____
Street City State Zip
From ___/___/___ to ___/___/___ Position _____ Supervisors Name _____
Reason for leaving _____ Wages _____ / _____
Starting Ending
Can we contact them? **Yes – No**
(please circle one)

NOTICE TO APPLICANT

If employer has not explained or given a job description, make sure it is explained to you and that you fully understand what is expected of you prior to answering the following questions.

Can you perform the functions of the Job Description? _____
Please explain how, with or without accommodation, you will be able to perform those functions _____

In the past 12 months how many days have you missed work and why? _____

In the past 12 months how many times have you been late and why? _____

Do you have any Convictions, Misdemeanors or Felonies? **Yes – No**
(please circle one)

If yes, please list: _____

MUST BE READ AND SIGNED BY APPLICANT

I agree and understand that any misrepresentations of information given above shall be considered an act of falsification. I agree and understand that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment is factual. I agree and understand that if hired, I will be on a probationary period during which time I may be discharged without recourse. I agree and understand that the company enforces a Drug Free Workplace Program and I will be subject to drug/alcohol testing. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

_____/____/____
Date

Applicants Signature