



General Information

Date: _____

Name: _____
Last First Middle Maiden

Present Address: _____
Number Street City, State Zip

How long at present address? _____ **SSN:** _____ - _____ - _____

Valid Phone Number: _____ *If under 18, please list age:* _____

Position Applied For: _____

Circle One: Part Time Full Time Seasonal Desired Salary: \$_____/hr

Availability: Please "x" any days that you **cannot** work. *Dependent on position, position may require you to work seven day a week and on some holidays (within the federal mandated Hours of Service Regulations)*

Day of Week	AM 6am-12pm	PM 12pm-5pm	Evenings 5pm-10pm	Over the Road
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

How many hours can you work weekly? _____ Date Available to start work: _____

Continued on next page

Education

TYPE OF SCHOOL	NAME OF SCHOOL	ADDRESS (NUMBER CITY, STATE ZIP)	# OF YEARS COMPLETED	MAJOR & DEGREE
HIGH SCHOOL				
BUSINES OR TRADE SCHOOL				
COLLEGE				
PROFESSIONAL SCHOOL				

Criminal History

Have you ever been convicted of a crime? (circle one) Yes No

If yes, please explain number of conviction(s), nature of offense(s), date of offense(s), county(s) and state(s) where offense(s) was/were committed, sentence(s) imposed, type of rehabilitation(s):

Driver's License

Do you have a current and valid Driver's License? (circle one) Yes No

Driver's License #: _____ Issuing State: _____ Ex Date: _____

Type of License (circle one): Standard Class A CDL Class B CDL Class C CDL

Any Endorsements? (circle one) Yes No

If yes, please list: _____

What is your means of transportation to work? _____

Continue on next page

Work Experience

Please list your work experience for the **last five years** beginning with your **most recent** job held. If you were self-employed, please give firm name. *Attach additional sheets if necessary.*

Name of Employer: _____

Job Title Held: _____

Address: _____
Number Street City, State Zip

Phone Number: _____ Supervisor Name: _____

Employment Date From: _____ Employment Date To: _____

Job Responsibilities:

Reason for leaving:

May we contact employer? (circle one) Yes No

Continue on next page

Name of Employer: _____

Job Title Held: _____

Address: _____
Number Street City, State Zip

Phone Number: _____ Supervisor Name: _____

Employment Date From: _____ Employment Date To: _____

Job Responsibilities:

Reason for leaving:

May we contact employer? (circle one) Yes No

Name of Employer: _____

Job Title Held: _____

Address: _____
Number Street City, State Zip

Phone Number: _____ Supervisor Name: _____

Employment Date From: _____ Employment Date To: _____

Job Responsibilities

Reason for leaving:

May we contact employer? (circle one) Yes No

Continue on next page

References

Please list two references other than relatives or previous employers.

Name: _____ Relationship: _____

Phone Number: _____ Email: _____

Years Known: _____

Name: _____ Relationship: _____

Phone Number: _____ Email: _____

Years Known: _____

Use space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying for.

Continue on next page

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by A-1 Movers, INC/Atlas Van Lines (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of A-1 Movers, INC/Atlas Van Lines, or otherwise to change in any respect the employment –at-will relationship between it and the undersigned, and that the relationship cannot be altered except by a written instrument signed by the President/Owner/General Manager of the Company. Both the undersigned and A-1 Movers, INC/Atlas Van Lines may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies, and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit scores, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Name of Applicant: _____ Date: _____

Signature of Applicant: _____

This company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

NOTICE AND AUTHORIZATION REGARDING CRIMINAL BACKGROUND INVESTIGATIONS

Re: A-1 Movers, INC (the Employer)

I understand that a consumer report concerning my criminal and police records, including information maintained by public and private organizations, may be obtained by the Employer in connection with my application for employment.

I also understand that before any adverse action is taken, based in whole or in part on the information contained in the report, I will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of my rights under the Fair Credit Reporting Act, as well as additional information on my rights under the law.

I authorize the Employer to utilize the services of a consumer reporting agency to conduct an investigation concerning my criminal or police records, including information maintained by both public and private organizations for the purpose of confirming information on my application and/or obtaining other information which may be material to my qualifications for employment.

I release the Employer and/or its agents and any person or entity that provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits involving information obtained from any and all of the above referenced sources.

I have been given this notification that a report will be requested and used for the purpose of evaluating me for employment.

Printed Full Name

Maiden Name/Other Names Used

Date of Birth

_____-_____-_____
Social Security Number

Signature

Date

Street Address City, State Zip

AUTHORIZATION FOR PAST DRUG AND ALCOHOL TEST RESULTS AND CERTIFICATION OF PRE-EMPLOYMENT TESTING

I understand that, under Federal law, it is a condition of qualifications with A-1 Movers, INC/Atlas Van Lines, INC that I provide A-1 Movers, INC/Atlas Van Lines, INC written authorization to obtain the results of all Departments of Transportation (DOT) required drug and alcohol tests (including referrals to be tested) from all companies for which I provided services as a driver during the last **three years**, whether as an employee or independent contractor or as an employee or contractor of an agent of the company, or for which I took a pre-employment or pre-qualification drug and/or alcohol test during the past **three years**.

The companies listed below are all of those for which I provided services as a driver or to which I applied as a driver during the last **three years**. I authorize A-1 Movers, INC/Atlas Van Lines, INC to obtain from these companies and I authorize these companies to furnish to President/Owner/General Manager of A-1 Movers, INC/Atlas Van Lines, INC the following information on my drug and/or alcohol tests (including any information the company obtained from a previous employer for which I provided services as a driver or to which I applied for a driving position) during the past **three years**: (i) all positive drug test results; (ii) all alcohol test results of 0.04 or greater ; (iii) all adulterated or substituted drug tests; (iv) documentation concerning other violations of DOT agency drug and alcohol testing regulations; (v) documentation of successful completion of DOT return-to-duty requirements (including follow up tests).

Company Name	Dates Worked for/Applied to

During the past **three years**, have you tested positive or refused to test, on any pre-employment Drug or Alcohol test administered by a company to which you applied for, but did not obtain, a driving position covered by the DOT drug and alcohol testing rules? (Circle one) Yes No

I have carefully read and fully understand this authorization and certification. I certify that all of the information that I have furnished is true and complete and that I have listed all of the companies that I have provided services for as a driver of applied for work or qualification as a driver during the past **three years**.

Printed Name of Applicant

Signature of Applicant

Date