

Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Address: _____

Telephone #: _____ Social Security #: _____

Type of employment desired: _____ full-time _____ part-time _____ temporary

Date you will be available to start work: _____

Are you able to meet the attendance requirements? _____ Yes _____ No

Do you have any objection to working overtime if necessary? _____ Yes _____ No

Can you travel if required by this position? _____ Yes _____ No

Can you fluently read and write in English? _____ Yes _____ No

Do you have any physical restrictions? (*Moving involves heavy lifting.*) _____ Yes _____ No

If yes, explain _____

Have you ever been previously employed by our organization? _____ Yes _____ No

Can you submit proof of legal employment authorization and identity? _____ Yes _____ No

If you are under 18, can you furnish a work permit if it is required? _____ Yes _____ No

Have you ever been convicted of any crime in the last 7 years? _____ Yes _____ No

If yes, please explain (a conviction will not automatically bar employment): _____

Drivers license number: _____

How were you referred to us? _____

Emergency Contact _____ Phone # _____

Employment History

Please provide all employment information for your past three employers starting with the most recent.

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employment History continued

Employer: _____ Position held: _____
Address: _____ Telephone #: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____
Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, course of study, and any degrees earned:

High school: circle last year completed 8 9 10 11 12 _____

College: circle last year completed 1 2 3 4 _____

Technical Training: _____

Other: _____

References

List 3 references names, telephone numbers, and years known (do not include relatives or employers):

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that If I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

APPLICANT SIGNATURE _____ DATE _____

Employee Name _____

30677 Overseas Highway
 Big Pine Key, FL 33043
 305-872-2575

Authorization for the Release of Background Information

I understand that I am being considered for hire or for promotion at DRN Moving, Inc. and that this consideration will include certain job-related information to be derived from background investigative reports from various federal, state and local governmental, law enforcement, 'motor vehicle' and consumer reporting agencies. To assist DRN Moving, Inc. in its evaluation, I authorize DRN Moving, Inc. to make background Investigative inquiries to obtain information about my past and current employment, education and activities, including, but not limited to, academic, residential, achievement, performance, conduct, disciplinary, attendance, personal history, criminal, credit and driving records and authorize any federal, state and local governmental, law enforcement, motor vehicle and consumer reporting agencies contacted by DRN Moving, Inc. or its authorized representative to furnish all information in conjunction with its background investigative inquiries.

I understand that my consideration for employment and/or promotion and retention in such position is contingent upon the successful completion of the background investigative inquiry. This inquiry includes a criminal conviction record check that will be initiated subsequent to my employment and or promotion.

These inquiries may take up to several weeks to complete. If the inquiries reveal that I have provided inaccurate information or withheld information on my employment application then it may result in my rejection for employment. If I have already been employed or promoted, it may result in termination of my employment with the company. By my signature below, I acknowledge these conditions and authorize the background inquiries.

 Applicant's Signature

 Date

To Be Completed By Applicant:

Print Full Name _____ Social Security Number _____

Any Other Names Used _____

Current Address _____

City/State/Zip _____ How Long? _____

Previous Address _____

City/State/Zip _____ How Long? _____

Driver's License Number _____ State _____ Expiration Date _____

Date of Birth _____

Reference Release Form

Applicant name: _____

Former employer: _____

Social Security #: _____ Dates employed: _____

The above named applicant is being considered for employment with DRN Moving, Inc. and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated in confidence. Please return this form to us in the enclosed, self-addressed, stamped envelope. Thank you for your assistance.

Applicant's Authorization

I consent to and authorize the above named former employer, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the above named former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Applicant's signature: _____ Date: _____

-----Applicant – do not write below this line.-----

Record of Employment

Position held: _____ Dates employed: _____

Summary of essential duties: _____

Reason for leaving: _____

Salary at termination: _____ Eligible for rehire? Yes No

Please rate the following:	Excellent	Good	Average	Fair	Poor
Job Knowledge	_____	_____	_____	_____	_____
Accuracy	_____	_____	_____	_____	_____
Productivity	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Overall Performance	_____	_____	_____	_____	_____

Comments: _____

Signature: _____ Title: _____ Date: _____