

Drivers License: Yes No ANY ALCOHOL RELATED OFFENCES? (circle) Yes No

What is your means of transportation to work?

Have you had any accidents during the past three years? Yes No How Many?

Have you had any moving violations during the past three years? Yes No How Many?

Have you ever been in the armed forces? Yes No Specialty:

If yes, have you ever been discharged, and why?

Please list your work experience beginning with your most recent job held.

Name of employer:		Dates of employment:	
Address and Phone Number:		Reason for leaving (be specific):	
		Pay Salary:	
List your job title, the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			
Name of employer:		Dates of employment:	
Address and Phone Number:		Reason for leaving (be specific):	
		Pay Salary:	
List your job title, the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			
Name of employer:		Dates of employment:	
Address and Phone Number:		Reason for leaving (be specific):	
		Pay Salary:	
List your job title, the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			



APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Lee Machinery Movers (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 Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and the Company 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 records, 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 any 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 four months, 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.

Signature of applicant _____ Date: _____

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.

REFERENCES

*Please list three **business** references (at least one present or past supervisor)*

Name	Company	Phone Number	Relation	Years Acquainted

Present supervisors will not be contacted without consent of the applicant.

May we contact your current supervisor? Yes No

Your signature authorizes Lee Machinery Movers to contact your references.

Signature: _____ Date: _____



BACKGROUND INVESTIGATION AUTHORITY TO RELEASE INFORMATION

PLEASE TYPE OR PRINT CLEARLY

I, _____ hereby irrevocably agree to authorize Lee Machinery Movers hereinafter referred to as the Company, to conduct a background investigation which refers to any and all information and sources of information that the Company, in it's sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the company.

Driver's License Number _____ State _____
(Please provide copy)

Full Legal Name _____

Date of Birth _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

SIGN THIS AFTER READING THE ABOVE INFORMATION

Signature _____ Date _____

Witness Signature _____ Date _____

Print Witness Name _____

Experience Form

Please rate each department 0-5 (0 = no experience \ low interest, and 5 = high skill level \ high interest). Also provide a brief description of skills.

Welding: Experience Rating ____ Interest Rating ____
Description of skills-

Forklift: Experience Rating ____ Interest Rating ____
Description of skills-

Rigging: Experience Rating ____ Interest Rating ____
Description of skills-

CDL Driver: Experience Rating ____ Interest Rating ____
Description of skills-

Fabrication: Experience Rating ____ Interest Rating ____
Description of skills-

Mechanic: Experience Rating ____ Interest Rating ____
Description of skills-

Paint/Auto Body: Experience Rating ____ Interest Rating ____
Description of skills-



Equal Employment Opportunity Form

Applicant Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Social Security Number: _____

Position Applied for: _____

Voluntary Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Racial or Ethnic Group

- | | | |
|--|---|---|
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Two or more races | <input type="checkbox"/> Pacific Islander | |

Gender

- Female Male

Military Service

- | | |
|---|---|
| <input type="checkbox"/> Pre-Vietnam Era | <input type="checkbox"/> Vietnam Era |
| <input type="checkbox"/> Post-Vietnam Era | <input type="checkbox"/> Disabled Veteran |

How did you hear about this position?

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Company Employee | <input type="checkbox"/> Professional Publication |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Placement Office | <input type="checkbox"/> Web Site |
| <input type="checkbox"/> Other _____ | | |