

# APPLICATION FOR EMPLOYMENT

Leaders Moving Company  
7455 Alta View Blvd. Worthington, OH 43085

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

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 INITIAL

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NO. (\_\_\_\_) \_\_\_\_\_ IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_ AT (\_\_\_\_) \_\_\_\_\_  
AREA AREA

ADDRESS STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

LAST 3 YEARS STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## DRIVING EXPERIENCE AND QUALIFICATIONS

VALID DRIVERS LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRES ON \_\_\_\_\_

LICENSE TYPE (CLASS, CDL, ETC.) \_\_\_\_\_ HAS YOUR LICENSE BEEN SUSPENDED, REVOKED OR DENIED? \_\_\_\_\_

IF YES, EXPLAIN \_\_\_\_\_

DESCRIBE DRIVING EXPERIENCE (STRAIGHT TRUCK, TRACTOR TRAILER, LIGHT TRUCK & TRAILERS YEARS ETC.) \_\_\_\_\_

## TRAFFIC & ACCIDENT RECORD LAST THREE YEARS

### ACCIDENT

DATE	NATURE OF ACCIDENT (OVERTURN, REAREND, JACK KNIFE ETC.)	NO. OF FATALITIES	COMMERCIAL VEHICLE	PERSONAL AUTO

### TRAFFIC CONVICTIONS (Last 3 years)

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 \_\_\_\_\_

ARE YOU EMPLOYED NOW ? \_\_\_\_\_ WHEN WILL YOU BE AVAILABLE ? \_\_\_\_\_

COMMENTS \_\_\_\_\_

**EMPLOYMENT HISTORY**

LAST EMPLOYER: NAME \_\_\_\_\_ PHONE ( \_\_\_\_\_ ) \_\_\_\_\_  
AREA  
ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP  
FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ POSITION \_\_\_\_\_ SUPERVISORS NAME \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_ WAGES \_\_\_\_\_

2ND LAST EMPLOYER: NAME \_\_\_\_\_ PHONE ( \_\_\_\_\_ ) \_\_\_\_\_  
AREA  
ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP  
FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ POSITION \_\_\_\_\_ SUPERVISORS NAME \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_ WAGES \_\_\_\_\_

3RD LAST EMPLOYER: NAME \_\_\_\_\_ PHONE ( \_\_\_\_\_ ) \_\_\_\_\_  
AREA  
ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP  
FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ POSITION \_\_\_\_\_ SUPERVISORS NAME \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_ WAGES \_\_\_\_\_

**NOTICE TO APPLICANT**

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? \_\_\_\_\_

**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

\_\_\_\_\_  
APPLICANT'S SIGNATURE

**OFFICE USE ONLY TO BE USED IN CONJUNCTION WITH INVESTIGATION INTO PREVIOUS EMPLOYMENT**

1ST EMPLOYER CONTACTED \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
DATE NAME OF PERSON CONTACTED RESULTS  
2ND EMPLOYER CONTACTED \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
DATE NAME OF PERSON CONTACTED RESULTS  
3RD EMPLOYER CONTACTED \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
DATE NAME OF PERSON CONTACTED RESULTS