

DON FARR MOVING AND STORAGE EMPLOYMENT APPLICATION

Prospective employees will receive consideration without discrimination
because of race, creed, color, sex, age, national origin, handicap or veteran

Last Name:	First Name:	Middle Initial:
Street Address:		
City:	State:	Zip Code:
Home Phone Number:	Cell Phone Number:	
Social Security Number:	Date of Birth:	
Have you applied with us before? Yes: _____ No: _____		
If Yes: Which Location _____ When: _____		
Apart from religious observance, are you available for full-time work? Yes: _____ No: _____		
If you need part-time work what hours are you available? _____		
Are you legally eligible for work in the United States? _____		
Position you're applying for? _____		
Do you possess special training or skills (Language, Heavy Equipment, Computer Skills)? _____		

Today's Date: _____

Pay Expected: _____

When Can You Start? _____

EDUCATION AND EXPERIENCE

Name of College:	Did You Graduate? Yes: _____ No: _____	Degree: _____
_____	Date Attended: _____	_____
Name of High School:	Did You Graduate Yes: _____ No: _____	Diploma: _____
_____	Date Attended: _____	_____
Name of Elementary School:	_____	

Are You A United States Veteran? Yes: _____ No: _____	THANK YOU FOR YOUR SERVICE AND SACRIFICE
Which Branch? _____	
Rank at Discharge: _____	

Names and phone numbers are greatly appreciated.
The more information you provide the easier it is to process your application.

Employment History

List most recent employer first

Company Name _____ Phone Number _____

Address _____ Dates Employed _____

Supervisor _____ Reason for Leaving _____

Job Title and Duties _____ Ending Pay _____

Company Name _____ Phone Number _____

Address _____ Dates Employed _____

Supervisor _____ Reason for Leaving _____

Job Title and Duties _____ Ending Pay _____

Company Name _____ Phone Number _____

Address _____ Dates Employed _____

Supervisor _____ Reason for Leaving _____

Job Title and Duties _____ Ending Pay _____

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSR) while employed?

YES: _____ NO: _____

Have you ever held a DOT Regulated Safety-Sensitive position that was subject to Drug and Alcohol Testing as required by 49-CFR-40? YES: _____ NO: _____

List Previous Addresses in past 5 years

Marital Status: _____ Date of Birth _____

Sex (Check One) Male _____ Female _____ Other _____

Number of dependents: _____ Have you ever been bonded? _____

Are you:
18 or older? Yes; _____ No: _____

Are you:
A Licensed Driver? Yes: _____ No: _____

<p>HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES: _____ NO: _____ If yes describe in full.</p> <p>_____ _____ _____</p>
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List names of people you know working for Don Farr Moving and Storage

- 1 _____
- 2 _____
- 3 _____
- 4 _____

The information provided is true and correct. Misstatements on or omissions of fact can and will result in dismissal: I understand that this is not a contract guaranteeing employment.

Signature: _____

Date: _____

TO BE READ AND SIGNED BY APPLICANT

I AUTHORIZE DON FARR MOVING AND STORAGE TO MAKE SUCH INVESTIGATIONS AND INQUIRIES OF MY PERSONAL, EMPLOYMENT, FINANCIAL, CRIMINAL, LICENSING OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. (GENERALLY, INQUIRIES REGARDING MEDICAL HISTORY WILL BE MADE ONLY AFTER AN OFFER OF EMPLOYMENT HAS BEEN EXTENDED.) I HEREBY RELEASE EMPLOYERS, SCHOOLS, HEALTH CARE PROVIDERS, AND ALL OTHER PERSONS FROM LIABILITY IN RESPONDING TO INQUIRIES AND RELEASING INFORMATION IN CONNECTION WITH MY APPLICATION.

IN THE EVENT OF EMPLOYMENT I UNDERSTAND THAT MY SAFETY PERFORMANCE HISTORY WILL BE INVESTIGATED AS REQUIRED BY 49-CFR-391.23(d). I ALSO UNDERSTAND THAT I HAVE THE RIGHT TO:

- *Review information provided by employers.**
- *Have errors in the information corrected by previous employers.**
- *Have a rebuttal statement attached to the alleged erroneous information.**

SIGN _____ DATE _____

THANK YOU FOR YOUR TIME

FOR OFFICE USE ONLY

COPY OF DRIVER'S LICENSE

COPY OF MEDICAL CARD