

EXAMPLE 5

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

Personal Information _____ Date _____

Name (Last name first)		Last 4 Digits of Social Security No.	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Home Phone	Cell Phone	Email	

Past Addresses (previous three years)

STREET	CITY	STATE & ZIP CODE	HOW LONG

ATTACH SHEET IF MORE ARE NEEDED

Employment Desired

Position	Date Available	Desired Salary
Are you employed now? Yes No	What is your current position?	May we inquire of your present employer? Yes No
Ever worked for this company before? Yes No	When?	Reason for leaving?
Driver's License Yes No	Endorsements/Type	State
If hired, can you produce a 5 year abstract for insurance purposes? Yes No	NOTE: If hired as a driver, driver must meet basic acceptability guidelines as stated by our insurance company.	
How did you find out about this position? (Circle your selection)	Employment Agency State Employment Office	Newspaper Advertisement College Placement Service
	Friend Walk In	Online Ad Website

Education History

TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	YEAR GRAD OR CERT	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDANCE				

General Information

Special Training, Certificates, Licenses
Special Skills, Foreign Languages, etc.

Military Service

Have you ever served in The U.S. armed Forces? Yes No		Branch
Discharge Date		Rank Achieved

Previous Employers (List below the last 3 employers, beginning with the most recent)

Name of present or Last employer		
Address		City and State Zip Code
Starting Date	Date Left	Job Title
Starting Salary	Ending Salary	May we contact your Previous supervisor? Yes No
Name of Supervisor		Title Phone
Duties/Responsibilities		
Reason for leaving		

PREVIOUS EMPLOYER		
Address		City and State Zip Code
Starting Date	Date Left	Job Title
Starting Salary	Ending Salary	May we contact your Previous supervisor? Yes No
Name of Supervisor		Title Phone
Duties/Responsibilities		
Reason for leaving		

PREVIOUS EMPLOYER		
Address		City and State Zip Code
Starting Date	Date Left	Job Title
Starting Salary	Ending Salary	May we contact your Previous supervisor? Yes No
Name of Supervisor		Title Phone
Duties/Responsibilities		
Reason for leaving		

References (List Professional References whom we may contact)

NAME	ADDRESS	BUSINESS	PHONE
SPECIAL PURPOSE QUESTIONS			

The following information is required for some occupational qualifications, or dictated by National Security Laws, or is needed for other legally permissible reasons.

Citizen of the U.S.? Yes No If not, are you authorized to work in the U.S.? Yes No

In the last five 5 years, have you been convicted of a Felony? Yes No Misdemeanor? Yes No

Please describe: _____

You will not be denied employment solely because of a conviction record, unless the offense falls into any of the categories listed below.

Washington Utilities & Transportation Commission requires that all prospective employees pass a criminal background check. "No carrier may hire a person who has been convicted of any crime involving theft, burglary, assault, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance within the last five years."

[Statutory Authority: RCW 80.01.040, 81.01.010, 81.04.160, and 81.80.130. WSR 13-23-048 (Docket TV-130079, General Order R-573),

Section 480-15-555, filed 11/15/13, effective 12/16/13.]

I understand and agree that I may be required to take one or more of the following: Physical Exam , Drug Test , Lie Detector Test , as a condition of hiring and/or continued employment. I agree to take any tests that are required by the Company and to release the required results to them. I also release the Company, its' Directors, officers, agents or employees from any claim arising in connection with these tests. I have been advised that lie detector tests are prohibited by law as a condition of employment. Yes No

A position with Merchants Moving & Storage requires the following physical abilities: sitting, standing, walking, lifting (floor to waist, waist to shoulder and above chest, sometimes heavy lifting is required), carrying, pushing, pulling, squatting, crawling, reaching and twisting on a regular and repetitive basis. Do you have any physical issues that would preclude you from performing these duties? Yes No

AUTHORIZATION

I, _____, certify that the facts contained in this application are true to the best of my knowledge and understand that, if employed, any false statements made will be grounds for termination. I authorize investigation of all statements, references and past employers listed to give any and all information concerning my previous employment and any other pertinent information they may have, and release the Company from all liability resulting from the use of this information.

This waiver does not permit the release of any disability or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.

Date _____

Signature

DRIVERS ONLY

APPLICATION FOR EMPLOYMENT

EXPERIENCE AND QUALIFICATIONS --- DRIVER APPLICANTS ONLY

DRIVER LICENSE NUMBER	STATE	TYPE	EXPIRATION DATE

DRIVER EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX TOTAL MILES
STRAIGHT TRUCKS				
TRACTOR/SEMI-TRAILER				
TRACTOR/2 TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NECESSARY)

DRIVERS APPLICATION (cont)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

If yes, please give full details. _____

B. Has any license, permit, or privilege ever been suspended or revoked? Yes _____ No _____

If yes, please give full details. _____

NOTE: DOT REQUIRES THAT EMPLOYMENT FOR AT LEAST 3 YEARS AND/OR Commercial Driving experience (CDL) for the past 10 years be shown.

Name of present or Last employer			
Address		City and State	Zip Code
Starting Date	Date Left	Job Title	
Starting Salary	Ending Salary	May we contact your Previous supervisor?	Yes _____ No _____
Name of Supervisor		Title	Phone
Duties/Responsibilities			
Reason for leaving			
Subject to Federal Motor Carrier Safety Regulations		Yes _____ No _____	
Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing		Yes _____ No _____	

PREVIOUS EMPLOYER			
Address		City and State	Zip Code
Starting Date	Date Left	Job Title	
Starting Salary	Ending Salary	May we contact your Previous supervisor?	Yes _____ No _____
Name of Supervisor		Title	Phone
Duties/Responsibilities			
Reason for Leaving			
Subject to Federal Motor Carrier Safety Regulations		Yes _____ No _____	
Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing		Yes _____ No _____	

PREVIOUS EMPLOYER				
Address		City and State		Zip Code
Starting Date	Date Left	Job Title		
Starting Salary	Ending Salary	May we contact your Previous supervisor?		Yes No
Name of Supervisor		Title	Phone	
Duties/Responsibilities				
Reason for leaving				
Subject to Federal Motor Carrier Safety Regulations				Yes _____ No _____
Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing				Yes _____ No _____

PREVIOUS EMPLOYER				
Address		City and State		Zip Code
Starting Date	Date Left	Job Title		
Starting Salary	Ending Salary	May we contact your Previous supervisor?		Yes No
Name of Supervisor		Title	Phone	
Duties/Responsibilities				
Reason for leaving				
Subject to Federal Motor Carrier Safety Regulations				Yes _____ No _____
Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing				Yes _____ No _____

TO BE READ AND SIGNED BY APPLICANT

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

APPLICANTS SIGNATURE

NOTE: A Motor Carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.



Merchants Moving & Storage

Interstate Agent for Bekins Van Lines, Inc.

4901 Auto Center Blvd.

Bremerton, WA 98312

(360) 373-2521

Toll Free (800) 922-2661

Fax (360) 377-6966

E-mail: MerchantsMoving@live.com

PERMISSION TO OBTAIN CRIMINAL BACKGROUND CHECK

I, _____ am freely giving Merchants Moving & Storage my personal email address for the purpose of obtaining a mandatory Background Check that is required to work in Household Moving by The Washington Utilities & Transportation Commission.

I fully understand that Clear Screening Technologies LLC. (Clear Checks) will be sending me an email requesting permission to run my Background Check and will be sending the results via email to Merchants Moving & Storage. (Please check your junk mail and/or Spam) Please follow instructions in the email immediately to ensure a quick turn-around. Employment **cannot** begin until the Background Check has been completed.

I also understand that updates to my Background Check will be sent to Merchants Moving & Storage monthly as new (if any) updates are available.

My email address is:

Employee Name: _____

Employee Signature: _____

Date: _____

Driving Record Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least two years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company—To be completed by the company or the agent of the company

PRINT or TYPE Company name Merchants Moving & Storage	
Agent company name (if applicable)	
Company/Agent company address 4901 Auto Center Blvd, Bremerton, WA 98312	
Authorized representative name	Title Business/Office Manager
Answer the following	
1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Certification <i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>	
<u>Bremerton, WA 98312</u>	X
Date and place signed	Authorized representative signature

Employee, prospective employee, or volunteer—Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer	Date of birth (mm/dd/yyyy)	WA driver license number
Authorization from		
<input checked="" type="checkbox"/> Employee—for release of my driving record for employment purposes, at my employer's discretion for the full term of my employment		
<input type="checkbox"/> Prospective employee—for release of my driving record for employment purposes, not to exceed 30 days from date signed		
<input type="checkbox"/> Volunteer—for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization		
Employer, prospective employer, or volunteer organization name Merchants Moving & Storage		
Employer agent company name if acting on behalf of the company for employment purposes		
Authorization <i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i>		
X		Date
Signature		Date