

Requirements for Employment with:

AFFILIATED MOVERS OF OKLAHOMA CITY, INC.

All applicants must:

- **Be a minimum of 21 years of age**
- **Have dependable transportation**
- **Have a valid driver's license**
- **Have a clean MVR**
- **Not criminal record**

If you cannot satisfy all of the above listed requirements, please do not fill out this document or submit an application.

Other Notifications:

We are an Equal Opportunity Employer

We are a drug free facility and wish to remain that way. To begin employment, you will be required to participate in a drug test. If, at any time you are suspected of using any illegal drugs or non-prescribed drugs, you will be expected to participate in a drug test to continue employment.

APPLICATION FOR EMPLOYMENT

We offer equal employment opportunities to all persons without regard to race, color, religion age martial or Veteran's status, sex, national origin, disability, or any other legally protected status.

Job applications will only be considered active for 60 days after which the applicant must reapply for further consideration:

TODAYS DATE: _____ **DOB** _____

NAME: _____ **PHONE:** _____

ADDRESS: _____
STREET CITY STATE ZIP

SSN ____ - ____ - ____ **DO YOU HAVE LEGAL RIGHT TO WORK IN USA** ____

TYPE OF EMPLOYMENT FULL ____ **PT** ____ **SALARY EXPECTED** _____

HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY OR NO CONTEST TO A FELONY YES ____ **NO** ____

IF YES, DATE AND STATE AND PLACE WHERE CONVICTED _____

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF EMPLOYMENT BY OUR COMPANY WITHOUT ACCOMMODATION

_____ **YES** _____ **NO**

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4
Last School Attended: _____

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your Application:

PREVIOUS EMPLOYEES

(Start with the most current employer. All employers for the last 3 years will be contacted. Attach additional sheet if necessary)

Employer: _____ Address: _____
Phone: () _____ Immediate Supervisor: _____
Position Held: _____ From: _____ To: _____ Wage: _____
Reason for leaving: _____ May we contact employer? Yes/ No

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Phone: () _____ Immediate Supervisor: _____
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Phone: () _____ Immediate Supervisor: _____
Position Held: _____ From: _____ To: _____ Wage: _____
Reason for leaving: _____ May we contact employer? Yes/ No

REFERENCES

(Relatives May Not Be Provided)

Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____

APPLICANT'S ADDRESSES FOR PRECEDING 3-YEARS

Street Address	City	State	Zip
Street Address	City	State	Zip
Street Address	City	State	Zip

I certify that the above information is correct and accurate to the best of my knowledge in accordance with DOT 391.21(3)

Date	Applicant's Signature
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PLEASE READ THE FOLLOWING CERTIFICATION CAREFULLY BEFORE SIGNING JOB APPLICANT'S CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient reason for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and accept as indicated above, I authorize past employers, all references and any other persons to answer all questions asked concerning my ability, character, reputation, and previous education or employment record. I release all such person from any liability damages on account of having furnished such information. I consent to such investigations as this employer may make regarding driving records, law enforcement records, credit reports and my general background. I further understand that all applicable portions of this application must be completed or I will be ineligible for consideration for the position for which I am applying. I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract or employment between this employer and myself for either employment or for the providing of any benefits. No promises regarding employment have made to me, and I understand that no promise or guarantee of employment for any specific length of time or under any specified circumstances shall be binding upon unless made in writing by or with the express written consent and authorization of the President or owner. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and for any reason and that this employer retains the same right.

I understand that, if I ma initially offered a position of employment, I may be required to submit to drug and/ or alcohol tests which are a condition of employment and that refusal to submit to such tests when asked by this employer shall be considered sufficient reason for denial for employment or discharge.

I understand that if employed, the policies and rules, which are issued by this employer, are not conditions of employment and that this employer may revise policies or procedures, in whole or in part, unilaterally at any time.

IMPORTANT: IF YOU DO NOT UNDERSTAND OR IF YOU DISAGREE WITH ANY PORTION OF THE ABOVE CERTIFICATION DO NOT SIGN BEFORE DISCUSSING WITH THIS EMPLOYER.

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge.

Date	Applicant's Signature	v.102909
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