

Auer's Moving and Rigging Co., Inc.

Employment Application

| Applicant Information | | | | | | | | | | | | | | | | | |
|--|--|--------|--|---------------------------------|--|--------------------------------|--|--|--|---------------------------------|--|---------------------------------|--|--------------------------------|--|--|--|
| Full Name: | | | | | | | | Date: | | | | | | | | | |
| <i>Last</i> | | | | <i>First</i> | | | | <i>M.I.</i> | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | |
| <i>Street Address</i> | | | | | | | | <i>Apartment/Unit #</i> | | | | | | | | | |
| | | | | | | | | <i>State</i> | | <i>ZIP Code</i> | | | | | | | |
| Phone: | | () | | E-mail Address: | | | | | | | | | | | | | |
| Date Available: | | | | Social Security No.: | | | | | | Desired Salary: \$ | | | | | | | |
| Position Applied for: | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | If no, are you authorized to work in the U.S.? | | | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | | |
| Have you ever worked for this company? | | | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | If yes, when? | | | | | | | | | |
| Have you ever been convicted of a crime (misdemeanor or felony)? | | | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | (Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness, in relation to the job for which you are applying) | | | | | | | | | |
| If yes, explain: | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | |
| High School: | | | | | | | | Address: | | | | | | | | | |
| From: | | | | To: | | | | Did you graduate? | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | Degree: | | | |
| College: | | | | | | | | Address: | | | | | | | | | |
| From: | | | | To: | | | | Did you graduate? | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | Degree: | | | |
| Other: | | | | | | | | Address: | | | | | | | | | |
| From: | | | | To: | | | | Did you graduate? | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | Degree: | | | |

References

Please list three professional references.

| | | | |
|------------|--|---------------|--------|
| Full Name: | | Relationship: | |
| Company: | | Phone: | () |
| Address: | | | |
| Full Name: | | Relationship: | |
| Company: | | Phone: | () |
| Address: | | | |
| Full Name: | | Relationship: | |
| Company: | | Phone: | () |
| Address: | | | |

Previous Employment

| | | | |
|--|--|---------------------------------|--------------------------------|
| Company: | | Phone: | |
| Address: | | Supervisor: | |
| Job Title: | | Starting Salary: \$ | Ending Salary: \$ |
| Responsibilities: | | | |
| From: | | To: | |
| Reason for Leaving: | | | |
| May we contact your previous supervisor for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Company: | | Phone: | () |
| Address: | | Supervisor: | |
| Job Title: | | Starting Salary: \$ | Ending Salary: \$ |
| Responsibilities: | | | |
| From: | | To: | |
| Reason for Leaving: | | | |
| May we contact your previous supervisor for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Company: | | Phone: | () |
| Address: | | Supervisor: | |
| Job Title: | | Starting Salary: \$ | Ending Salary: \$ |
| Responsibilities: | | | |
| From: | | To: | |
| Reason for Leaving: | | | |

| | | | |
|--|---------------------------------|--------------------------------|--|
| May we contact your previous supervisor for a reference? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
|--|---------------------------------|--------------------------------|--|

Military Service

| | | | | | |
|-----------------------------------|--|--------------------|--|-----|--|
| Branch: | | From: | | To: | |
| Rank at Discharge: | | Type of Discharge: | | | |
| If other than honorable, explain: | | | | | |

Disclaimer and Signature

This application shall only remain active for 90 days. After 90 days, if you are still interested in employment at Auer's Moving and Rigging Co Inc, you must fill out a new application.

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of facts in my application may be justification for refusal to hire, or termination of employment.

I further understand that an investigative report may be made as to my character and general reputation. I authorize all past employers, schools, persons and organizations have relevant information or knowledge to provide it to Auer's Moving and Rigging Co., Inc. or its duly authorized representative for its use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release employers, schools, persons and organizations from all liability in responding to inquiries in connection with my application. Upon written request by me, within a reasonable period of time, Auer's Moving and Rigging, Co., Inc will make available to me the nature and scope of all reports of every type obtained.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Auer's Moving and Rigging Co., Inc and me for either employment or for the providing of any benefit. If an employment relationship is established, I understand that my employment can be terminated, with or without cause, at the option of with Auer's Moving and Rigging Co., Inc or myself.

In signing this form, I certify that I understand all the questions and statements in this application.

Further, if granted a position with Auer's Moving and Rigging Co., Inc, I will comply with Auer's Moving and Rigging Co., Inc rules and regulations.

| | | | |
|------------|--|-------|--|
| Signature: | | Date: | |
|------------|--|-------|--|