**APPLICATION FOR EMPLOYMENT**

J. BARBER MOVING & STORAGE, INC.

11631 Shannon Drive Fredericksburg, VA 22408

**Helpers**

**(All questions must be completed – please print)**

**In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, veteran status, sexual orientation, non-job related disabilities or any other protected group status.**

Date of Application Position(s) applied for:

Name: Social Security #:

Last First MI

Current Phone: (cell)

List your addresses of residency for the past 3 years:

Current Address:

Street City State Zip Years

Previous Address:

Street City State Zip Years

Street City State Zip Years

Street City State Zip Years

Driver’s license number, if applying for driving position: State issued:

CDL?

Have you previously worked for this company? Dates: From: To:

Pay Rate/Position: Reason for leaving:

Are you currently employed? If not, how long since last employment?

Who referred you? Pay Rate expected?

Desired start date: Type of employment desired?

Are you able to meet the attendance and physical requirements of this position?

If no, please explain:

**Personal Declarations**

Within the last five years, have you been fired for any reason? Yes No

Within the last five years, have you quit a job voluntarily? Yes No

Have you ever been convicted of **ANY** criminal offense? If yes, explain in space provided on next page.

Have you been incarcerated for a criminal offense within the past three years?

Are you currently taking any medication which interferes with your ability to operate a motor vehicle safely?

Yes No If yes, please explain:

Have you received Work Compensation or disability payments? Yes No

Is your travel throughout the United States or Canada restricted in any way? Yes No

If yes, please explain:

Do you have your own means of transportation? Yes No

If **yes** to **ANY** of the above declarations, please explain fully on a separate sheet of paper. Please include the City and State this occurred. **Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.**

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**EMPLOYMENT HISTORY** An Equal Opportunity Employer

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| --- | --- | --- | --- | --- | --- | --- |
| EMPLOYER Name: | | | | | DATE | |
| From: | To: | | Reason for leaving:.. | | | |
| Address: | | | | Position Held: | | |
| City State | | Zip: | | | | Wage: |
| Contact Person: | | Phone: | | | | Did you drive a vehicle requiring a CDL? • Yes • No |
| Were you subject to the Federal Motor Carrier Safety Regulations while employed? • Yes • No | | Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and drug  testing requirements as required by 49 CFR Part 40? • Yes • No | | | | May we contact this employer for a reference? • Yes • No |

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| --- | --- | --- | --- | --- | --- | --- |
| EMPLOYER Name: | | | | | DATE | |
| From: | To: | | Reason for leaving:.. | | | |
| Address: | | | | Position Held: | | |
| City State | | Zip: | | | | Wage: |
| Contact Person: | | Phone: | | | | May we contact this employer for a reference? • Yes • No |

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| --- | --- | --- | --- | --- | --- | --- |
| EMPLOYER Name: | | | | | DATE | |
| From: | To: | | Reason for leaving:.. | | | |
| Address: | | | | Position Held: | | |
| City State | | Zip: | | | | Wage: |
| Contact Person: | | Phone: | | | | May we contact this employer for a reference? • Yes • No |

ACCIDENT RECORD for past 3 years or more (attach sheet if more space is needed). If none – Write “None”.

|  |  |
| --- | --- |
| Nature of Accident (Head-on, Rear-End, Upset, Etc.) | Dates |
| Fatalities Injuries | Last Accident: |
| TRAFFIC CONVICTIONS and forfeitures for the past 3 years (other than parking violations). If none – Write “None”. Specify: Location, Date, Charge, Penalty (Attach sheet, if more space is needed) | |

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| **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: | Name | City |

**MEDICAL HISTORY (please explain any yes)**

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| --- | --- |
| 1. **Have You:**   **YES**  **NO**  ( ) ( ) Worked for this company before?  ( ) ( ) Been paid disability benefits from any source?  ( ) ( ) Been rejected from employment due to  medical reasons?  ( ) ( ) Been in military service?  ( ) ( ) Had a Medical Discharge from Military Service?  ( ) ( ) Been rejected or rated up for life insurance?  ( ) ( ) Had a serious illness or injury?  ( ) ( ) Any permanent defects resulting from illness or  injury?  ( ) ( ) Been admitted to a hospital?  ( ) ( ) Ever been confined to a hospital as a chronic  invalid?  ( ) ( ) Taken any medicine in past month?  ( ) ( ) Consulted a physician in past five years?  ( ) ( ) Recently had surgery?  ( ) ( ) Ever had an injury to your back?  ( ) ( ) Ever had back trouble?  ( ) ( ) Had trouble with your back at work?  ( ) ( ) Lost time from work for back pain?  ( ) ( ) Been treated by a doctor for back pain?  ( ) ( ) Had x-rays taken of your back?  ( ) ( ) Chest Pains  ( ) ( ) Tumor/Cancer  ( ) ( ) Rheumatic Fever  ( ) ( ) Diabetes  ( ) ( ) Swelling of Ankles  ( ) ( ) Injury To Bones  ( ) ( ) Hernia  ( ) ( ) Kidney Stones  ( ) ( ) Kidney Disease  ( ) ( ) Addiction to illegal substances, pain killers  ( ) ( ) Other Diseases | 1. **HAVE YOU HAD AN ILLNESS CAUSED BY:**   **YES**  **NO**  ( ) ( ) Chemicals  ( ) ( ) Metals (Lead, Etc.)  ( ) ( ) Harmful Dusts or Gases  ( ) ( ) Ionizing Radiations  ( ) ( ) Noise  ( ) ( ) Sensitivity to Drugs   1. **HAVE YOU EVER HAD OR DO YOU NOW HAVE: Explain any “YES” answers in space provided.**   **YES** **NO**  ( ) ( ) Eye Abnormality  ( ) ( ) Ear Abnormality  ( ) ( ) Disease Of The lungs  ( ) ( ) Venereal Disease  ( ) ( ) Head injuries  ( ) ( ) Severe Headaches  ( ) ( ) Chronic Cough  ( ) ( ) Dizzy Spells  ( ) ( ) Pleurisy  ( ) ( ) Convulsions/Epilepsy  ( ) ( ) Pneumonia  ( ) ( ) Encephalitis  ( ) ( ) Tuberculosis  ( ) ( ) Paralysis  ( ) ( ) Heart Disease  ( ) ( ) Mental Breakdown  ( ) ( ) High Blood Pressure  ( ) ( ) Concussion  ( ) ( ) Shortness of Breath  ( ) ( ) Anemia  ( ) ( ) Pains/Cramps In Legs  ( ) ( ) Arthritis  ( ) ( ) Stomach Ulcers  ( ) ( ) Injury To Joints  ( ) ( ) Jaundice  ( ) ( ) Other Injuries |

**EXPLAIN ANY “YES” ANSWERS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**A. UNDER THE IMMIGRATION CONTROL ACT OF 1986, AN EMPLOYER IS REQUIRED TO HIRE ONLY LAWFULLY AUTHORIZED WORKERS. APPLICANTS WHO ARE SELECTED FOR EMPLOYMENT WILL BE REQUIRED TO SHOW AND VERIFY AUTHORIZATION TO WORK IN THE UNITED STATES, WITHIN THREE (3) DAYS OF BEGINNING WORK.**

**B. I understand that I may be required to submit to job related examinations or skills testing. I also understand that if offered a position, I must submit to a pre-employment physical examination that includes a drug screening.**

**C. Acceptance of this application is not intended to create or imply a contractual relationship. If hired, I understand I will be required to serve a probationary period during which time my job performance and conduct will be evaluated, and that my employment may be terminated if either performance or conduct is unsatisfactory. I also understand that all benefits of employment are subject to change by the Mayor and Council with or without notice.**

**D. I authorize investigation of all statements contained in this application for employment. I understand that any false or incomplete answer may be grounds for not employing me or for dismissing me after I begin work.**

1. **I certify that every answer and statement that I have made in this application is true and complete to the best of my knowledge.**
2. **I Authorize J. Barber Moving & Storage, Inc. to access previous work/medical/criminal history**

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: Date:

Printed Name:

**For Office Use Only: Date Reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_ Interview Set Up/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Interviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant meets minimum requirements: \_\_\_\_\_\_\_\_ Background Check Inquiry: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Job Offered: \_\_\_Yes Date beginning: \_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Beg. Pay \_\_\_\_\_\_\_\_\_\_\_\_ Pay Scale: \_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_No: Reason for denial: Convictions declared (incl. date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**