

Northlake Moving & Storage, Inc.

20252 Highway 36, Covington LA 70433

985-892-3091

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the American with Disabilities Act, applicants may request accommodations needed to participate in the application process.

Date: _____ Referred by: _____

Name: _____ Social Security No. ____ - ____ - ____
LAST MIDDLE FIRST

Present Address: _____
Street Address City State Zip

Mailing Address: _____
Street Address City State Zip

Phone Number(s): Home (____) ____ - ____ Other (____) ____ - ____

Are you a U.S. Citizen? ____ Yes ____ No Are you 18 years of age or older? ____ Yes ____ No

EMPLOYMENT DESIRED:

Position: _____ Date you can start: _____

Salary Desired: _____ Are you employed now? ____ Yes ____ No

Ever Applied to this Company Before: ____ Yes ____ No If so, when? _____

EDUCATION:

	Name & Location of School	Did You Graduate	Subjects Studied
High School		Y or N	
College, Trade, Technical School		Y or N	
Other		Y or N	

SKILLS:

Please list any and all skills related to the position for which you are applying. Please include the class of drivers license which you hold.

EMPLOYMENT HISTORY: List below your last four employers starting with the most recent first.

Dates		Name of Employer	Telephone #	Supervisor	Position Held	Salary	Reason for Leaving
From	To						
/							
/							
/							
/							

REFERENCES: List three persons not related to you, whom you have known at least one year. You must include valid contact information.

Name	Phone	Address	How do you know this individual?

If you are to be hired by this company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION:

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY) ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENT, OMISSION, OR MISREPRESENTATION ON THIS APPLICATION IS SUFFICIENT CAUSE FOR REFUSAL TO HIRE, OR DISMISSAL IF I HAVE BEEN EMPLOYED, NO MATTER WHEN DISCOVERED BY COMPANY.

I UNDERSTAND THAT ANY EMPLOYMENT IS CONDITIONED ON A BACKGROUND CHECK. I AUTHORIZE THE COMPANY TO THOROUGHLY INVESTIGATE ALL STATEMENTS CONTAINED IN MY APPLICATION OR RESUME, AND I AUTHORIZE MY FORMER EMPLOYERS AND REFERENCES TO DISCLOSE INFORMATION REGARDING MY FORMER EMPLOYMENT, CHARACTER, AND GENERAL REPUTATION TO THE COMPANY, WITHOUT GIVING MY PRIOR NOTICE OF SUCH DISCLOSURE. IN ADDITION, I RELEASE THE COMPANY, ANY FORMER EMPLOYERS, AND ALL REFERENCES LISTED ABOVE FROM ANY AND ALL CLAIMS, DEMANDS, OR LIABILITIES ARISING OUT OF OR RELATED TO SUCH INVESTIGATION OR DISCLOSURE.

I UNDERSTAND AND AGREE THAT NOTHING CONTAINED IN THIS APPLICATION, OR CONVEYED DURING ANY INTERVIEW, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT. I FURTHER UNDERSTAND AND AGREE THAT IF I AM HIRED, MY EMPLOYMENT WILL BE "AT WILL" AND WITHOUT FIXED TERM, AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AT THE OPTION OF EITHER MYSELF OR THE COMPANY. NO PROMISE REGARDING EMPLOYMENT HAS BEEN MADE TO ME, AND I UNDERSTAND THAT NO SUCH PROMISE OR GUARANTEE IS BINDING UPON THE COMPANY UNLESS MADE IN WRITING.

IF I AM OFFERED EMPLOYMENT, I AGREE TO SUBMIT TO A MEDICAL EXAMINATION AND DRUG TEST BEFORE STARTING WORK. IF EMPLOYED, I ALSO AGREE TO SUBMIT TO A MEDICAL EXAMINATION OR DRUG TEST AT ANY TIME DEEMED APPROPRIATE BY THE COMPANY AND AS PERMITTED BY LAW. I CONSENT TO SUCH EXAMINATIONS AND TESTS, AND I REQUEST THAT THE EXAMINING DOCTOR DISCLOSE TO THE COMPANY THE RESULTS OF THE EXAMINATION, WHICH RESULTS SHALL REMAIN CONFIDENTIAL AND SEGREGATED FROM MY PERSONNEL FILE. I UNDERSTAND THAT MY EMPLOYMENT OR CONTINUED EMPLOYMENT, TO THE EXTENT PERMITTED BY LAW, IS CONTINGENT UPON SATISFACTORY MEDICAL EXAMINATIONS AND DRUG TEST, AND IF I AM HIRED A CONDITION OF MY EMPLOYMENT WILL BE THAT I ABIDE BY THE COMPANY'S DRUG AND ALCOHOL POLICY.

I UNDERSTAND THAT FILLING OUT THIS FORM DOES NOT INDICATE THERE IS A POSITION OPEN AND DOES NOT OBLIGATE THE COMPANY TO HIRE. IF HIRED, I AGREE TO ABIDE BY ALL COMPANY WORK RULES, POLICIES AND PROCEDURES. THE COMPANY RETAINS THE RIGHT TO REVISE ITS POLICIES OR PROCEDURES, IN WHOLE OR IN PART, AT ANY TIME.

DATE: _____ SIGNATURE: _____