

Fry-Wagner Moving & Storage

APPLICATION FOR EMPLOYMENT

Complete by typing in the fields or by printing neatly

Position applying for: _____ Which Fry-Wagner Location: _____

Full-time Part-time Seasonal Date Available for Work _____ Wage Expected _____

How did you hear about us? _____

GENERAL INFORMATION

Name: _____
(Last First Middle) U.S. Social Security Number _____

Mailing Address: _____
(Number, Street, Apt) (City, State, Zip Code) (Home Telephone)

Street Address: _____
(if different from above) (Number, Street, Apt) (City, State, Zip Code) (Mobile Telephone)

E-Mail Address: _____

Is there additional information relative to a name change, use of an assumed name, or nickname that may be necessary to enable a background check on the information you are providing on this form? If yes, please explain.

Can you provide proof, if hired, that you are eligible to work in the United States? Yes No

Emergency Contact Name: _____ Emergency Contact Mobile Telephone: _____

Have you ever worked for Fry-Wagner before? Yes No If yes, which location? _____ When? _____

Have you ever been convicted of a misdemeanor or felony? Yes No (Such conviction may not necessarily disqualify you from the position applied for).

If yes, what year, crime and sentence: _____

EDUCATION AND/OR TRAINING

Did you graduate from high school or receive a GED Certificate? Yes No

Type of School	Name of School	City and State	Major/ Concentration	Graduated or Degreed
High School				Y <input type="checkbox"/> N <input type="checkbox"/>
College/University				Y <input type="checkbox"/> N <input type="checkbox"/>
Vocational				Y <input type="checkbox"/> N <input type="checkbox"/>

PROFESSIONAL REFERENCES

Name	Company	Title	Telephone	Years Known

EMPLOYMENT FOR THE PAST 10 YEARS

Are you now employed? Yes No If yes, may we contact your present employer for a reference? Yes No

1. Employer: _____ Position: _____ Supervisor's Name: _____ Telephone: _____
 Address: _____ Dates Employed (indicate months & years) From: _____ To: _____
 Reason for Leaving or Reason for Considering Leaving if Still Employed: _____

2. Employer: _____ Position: _____ Supervisor's Name: _____ Telephone: _____
 Address: _____ Dates Employed (indicate months & years) From: _____ To: _____
 Average Hours Worked Per Week: _____ Duties: _____
 Hourly Rate/ Salary: Start \$ _____ per _____ Final \$ _____ per _____
 Reason for Leaving or Reason for Considering Leaving if Still Employed: _____

3. Employer: _____ Position: _____ Supervisor's Name: _____ Telephone: _____
 Address: _____ Dates Employed (indicate months & years) From: _____ To: _____
 Average Hours Worked Per Week: _____ Duties: _____
 Hourly Rate/ Salary: Start \$ _____ per _____ Final \$ _____ per _____
 Reason for Leaving or Reason for Considering Leaving if Still Employed: _____

SKILLS AND QUALIFICATIONS

Driver's Licenses Held for the Past Three Years

State	License No.	Class	Expiration Date	Endorsements

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit or privilege ever been suspended or revoked? Yes No
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No

IF YOU ANSWERED "YES" to A, B, or C an Explanation is required:

List any trucking, transportation, or other experience that may help in your work at Fry-Wagner.

MOTOR VEHICLE ACCIDENT RECORD FOR PAST 10 YEARS

Date	Nature of accident: (head-on, rear-end, upset, etc.)	Fatalities	Injuries

TRAFFIC CONVICTIONS AND FORFEITURERS FOR THE PAST 10 YEARS

Location	Date	Charges	Penalty

Positions in Operations require physical agility and heavy exertion and lifting.
 Can you perform the required functions of this job with or without reasonable accommodations? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize Fry-Wagner or its agents to investigate my background to ascertain any and all information they determine to be useful in deciding my eligibility, whether same is of record or not, and I release employers and persons named herein from all liability for any damages on account of their furnishing such information. I understand that misrepresentation or omission of facts called for on this employment application will result in discharge if discovered after being hired. I understand that as a condition of employment I may be subject to a physical and/or drug screening. I understand a photograph and a copy of my fingerprints may be required after employment. Labor Code Section 2922 states that employment, having no specified term, may be terminated at the will of either party. The employer hereby puts the applicant on notice that all employment offered by the employer may be terminated at the will of either party without cause. I certify that this application was completed by me and that all entries and information on it are true and complete.

 Applicant's Signature

 Date