

MOVERS APPLICATION FOR EMPLOYMENT

American Eagle Moving Company (EOE)
2045 Hopehaven Dr. * Parma, OH. 44134
Office#: 440.885.8571 Fax#: 440.201.6116

Today's Date: ____/____/____

PERSONAL DESCRIPTION

Full Name: _____ Social Security #: ____-____-____
LAST FIRST MIDDLE INITIAL

Address: _____ D.O.B.: ____/____/____
STREET CITY STATE ZIP

Home Phone#: (____)____-____ Alternate Phone#: (____)____-____ Cell#: (____)____-____

Previous Addresses: _____
STREET CITY STATE ZIP

STREET CITY STATE ZIP

DRIVING EXPERIENCE & QUALIFICATIONS

Valid Driver's License: _____ State: _____ Expiration Date _____

License Type (Class, CDL): _____ Is your license currently suspended, revoked, or denied? _____

If yes, please briefly explain:

TRAFFIC & ACCIDENT RECORD FOR PAST 3 YEARS

ACCIDENTS

DATE	NATURE OF ACCIDENT <small>(overturn, rear end, jack knife, etc...)</small>	# OF FATALITIES	COMMERCIAL VEHICLES	PERSONAL AUTO

TRAFFIC CONVICTIONS

DATE	STATE	CHARGE	PENALTY	COMMERCIAL VEHICLE OR PERSONAL AUTO

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Duties performed, skills used or learned, advancements/promotions _____

Reason for leaving _____

May we contact this employer? YES NO

Company: _____ Phone#: _____

Address: _____
STREET CITY STATE ZIP

Date of Employment: From: ____/____ To: ____/____ Job Title: _____

Supervisor's Name: _____ Salary: _____

Duties performed, skills used or learned, advancements/promotions _____

Reason for leaving _____

May we contact this employer? YES NO

Company: _____ Phone#: _____

Address: _____
STREET CITY STATE ZIP

Date of Employment: From: ____/____ To: ____/____ Job Title: _____

Supervisor's Name: _____ Salary: _____

Duties performed, skills used or learned, advancements/promotions _____

Reason for leaving _____

May we contact this employer? YES NO

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Miscellaneous

ARE YOU EMPLOYED NOW? YES NO

IN THE PAST 12 MONTHS, HOW MANY DAYS HAVE YOU MISSED WORK?
WHY? _____

IN THE PAST 12 MONTHS, HOW MANY TIMES HAVE YOU BEEN LATE?
WHY? _____

AVAILABILITY

DAYS/HOURS AVAILABLE TO WORK No preference/Open any day,
any time

If you do have any limitations to work hours, please note that below on the specific days....

Monday	_____ am - _____ pm	Not Available this day_____
Tuesday	_____ am - _____ pm	Not Available this day_____
Wednesday	_____ am - _____ pm	Not Available this day_____
Thursday	_____ am - _____ pm	Not Available this day_____
Friday	_____ am - _____ pm	Not Available this day_____
Saturday	_____ am - _____ pm	Not Available this day_____
Sunday	_____ am - _____ pm	Not Available this day_____

TYPE OF EMPLOYMENT DESIRED? PART TIME FULL TIME

DATE YOU WOULD BE AVAILABLE TO START: ____/____/____

NOTICE TO APPLICANT

JOB DESCRIPTION FOR A MOVER: The main emphasis for this job is the ability to lift and maneuver heavy furniture in and out of homes, storage units, apartments, offices, etc.... We work together at a fast pace and you will be expected to work at the same pace. You will be responsible for safely transporting furniture, boxes, misc. items, following company procedures on protecting furniture and safely packing furniture. This position requires you to follow directions as dictated and have the ability to communicate well with others. We operate as a TEAM, not as individuals. You must be a team

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player with a positive attitude. The person for this position must be extremely dependable to be considered for employment with American Eagle Moving Company.

CAN YOU PERFORM THE FUNCTIONS OF THE JOB DESCRIPTION? YES NO

If no, explain what function of the job you cannot or may not be able to perform

MUST BE READ CAREFULLY AND SIGNED BY THE APPLICANT

I agree and understand that any misrepresentation of information given above shall be considered an act of falsification.

I agree and understand that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment is factual.

I agree and understand that if hired, I will be on a probationary period during which time I may be discharged without recourse.

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

Applicant's Signature: _____ Date: _____/_____/_____