

Queeney Enterprises, Inc.
dba Hampton Roads Moving & Storage

APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

NAME: _____ DATE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ CELL#: _____ SOCIAL SECURITY #: _____

POSITION APPLIED FOR: _____

VALID VIRGINIA DRIVERS LICENSE [] YES [] NO IF YES, CLASS: _____

WHEN CAN YOU START: _____ DESIRED WAGE: \$ _____

AVAILABLE FOR: [] FULL TIME [] PART TIME [] TEMPORARY [] SUMMER

ARE YOU A U.S. CITIZEN OR OTHERWISE AUTHORIZED TO WORK IN THE U.S. ON AN UNRESTRICTED BASIS?
[] YES [] NO

ARE YOU AT LEAST 21 YEARS OLD [] YES [] NO IF NO ANSWER THE QUESTION BELOW

ARE YOU OF LEGAL AGE FOR EMPLOYMENT IN THE STATE VIRGINIA [] YES [] NO

DO YOU HAVE ANY PREVIOUS MOVING EXPERIENCE? [] YES [] NO

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR [] YES [] NO IF YES, DESCRIBE BRIEFLY:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? [] YES [] NO IF YES, DESCRIBE BRIEFLY:

EDUCATION: SCHOOL NAME, LOCATION, YEAR, MAJOR, DEGREE DID YOU GRADUATE?

HIGH SCHOOL: _____

COLLEGE: _____

COLLEGE: _____

OTHER: _____

LIST ANY OTHER LICENSES, SPECIAL TRAINING, AND SKILLS:

EMPLOYMENT HISTORY: (START WITH MOST RECENT EMPLOYER)

COMPANY NAME: _____

ADDRESS: _____ TELEPHONE: _____

DATE STARTED: _____ STARTING WAGE: _____ STARTING POSITION: _____

DATE ENDED: _____ ENDING WAGE: _____ ENDING POSITION: _____

NAME OF SUPERVISOR: _____ MAY WE CONTACT? [] YES [] NO

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

COMPANY NAME: _____
ADDRESS: _____ TELEPHONE: _____
DATE STARTED: _____ STARTING WAGE: _____ STARTING POSITION: _____
DATE ENDED: _____ ENDING WAGE: _____ ENDING POSITION: _____
NAME OF SUPERVISOR: _____ MAY WE CONTACT? [] YES [] NO
RESPONSIBILITIES: _____
REASON FOR LEAVING: _____

COMPANY NAME: _____
ADDRESS: _____ TELEPHONE: _____
DATE STARTED: _____ STARTING WAGE: _____ STARTING POSITION: _____
DATE ENDED: _____ ENDING WAGE: _____ ENDING POSITION: _____
NAME OF SUPERVISOR: _____ MAY WE CONTACT? [] YES [] NO
RESPONSIBILITIES: _____
REASON FOR LEAVING: _____

U.S. MILITARY

BRANCH OF SERVICE: _____ FROM _____ TO _____
APPLICABLE MILITARY EXPERIENCE: _____

REFERENCES

NAME: _____ ADDRESS: _____
TELEPHONE: _____ RELATIONSHIP: _____
NAME: _____ ADDRESS: _____
TELEPHONE: _____ RELATIONSHIP: _____
NAME: _____ ADDRESS: _____
TELEPHONE: _____ RELATIONSHIP: _____

ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized, for a period of 60 days, to make any investigations of my prior educational, employment, credit, and arrest or conviction history for any civil or criminal matter. I understand that employment at this company is "at will", which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than the president has the authority to alter the foregoing.

APPLICANT'S SIGNATURE: _____ DATE: _____