



66B ROCSAM PARK ROAD
 BRAINTREE, MA 02184
 781-535-6344

EMPLOYMENT APPLICATION			
Name (first, middle, last)		Hire Date (office use only)	
		<input type="checkbox"/> New Hire <input type="checkbox"/> Re-Hire	
Position Applying For:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
You must list all previous addresses for 3 years	Address (street, city, state, zip code)		
	Address (street, city, state, zip code)		
Phone Number	Date of Birth	Social Security Number	
		- - -	
Are you legally authorized to work in the U.S.?		Yes	No
		Email Address	
Emergency Contact Name		Relation	
Address		Phone Number	
DRIVER LICENSE INFORMATION			
Driver License Number	State	Type	Expiration Date

EMPLOYMENT INFORMATION
<p>How were you referred to Local Motion?</p> <p><input type="checkbox"/> Walk In</p> <p><input type="checkbox"/> Online Job Posting - Website: _____</p> <p><input type="checkbox"/> Employment Agency Posting: _____</p> <p><input type="checkbox"/> Employee Referral - Name: _____</p>
<p>Have you ever worked for Local Motion? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, Dates & Reason for leaving:</p> <p>_____</p> <p>_____</p> <p>_____</p>



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EMPLOYMENT RECORD				
Employer Name	Dates Employed (Month/Year)		Hourly Rate/Salary:	
Address:	From:	To:	Starting:	End:
Supervisor's Name	If current employer may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Position Held:	Contact Number:			
Reason for leaving:				
Employer Name	Dates Employed (Month/Year)		Hourly Rate/Salary:	
Address:	From:	To:	Starting:	End:
Supervisor's Name	If current employer may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Position Held:	Contact Number:			
Reason for leaving:				
Employer Name	Dates Employed (Month/Year)		Hourly Rate/Salary:	
Address:	From:	To:	Starting:	End:
Supervisor's Name	If current employer may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Position Held:	Contact Number:			
Reason for leaving:				



EDUCATIONAL HISTORY			
	Name and Location of School or College	Circles Highest Grade Completed	Did you Graduate?
High School and/or GED		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO
College		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO
Military Service		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO
Technical Training		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO

REFERENCES

List three references. Please do not include relatives or former employers.

Name:	Years Known:
Telephone:	Occupation:
Name:	Years Known:
Telephone:	Occupation:
Name:	Years Known:
Telephone:	Occupation:

EQUAL OPPORTUNITY EMPLOYER

Local Motion, Incorporated is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions. As a member of the Local Motion team, you will be expected to contribute your talents and energies to improve the environment and quality of our organization. Local Motion practices include a substance abuse policy which requires all drivers to participate in our random drug testing program, as well as pre-hire drug screen and an annual drug screen when renewing license.



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APPLICANT STATEMENT

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education, criminal history, with the appropriate individuals, companies, institutions, or agencies, and I authorize them to release such information as you require. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and that the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I also understand that employment will be subject to proof of a safe driving record (by applicant and LMI), ability to meet the requirements for a 7-D license, and the taking of a physical exam (including substance screening), and reference check.

Driver applicants: In addition to the above, I agree to document all employment for the previous three years, regardless of the length of any employment. I agree to allow authorized Local Motion personnel to investigate my driving records and the results of any drug/alcohol tests for the previous three years.

In the event of employment, I understand that false or misleading information given in my application or failure to comply with substance abuse screening requirements may result in discharge. I understand, also, that I am required to abide by all rules and regulations established by Local Motion, Incorporated.

Print Name	Signature	Date
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FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. Your employer may obtain this information from Equifax, TransUnion, Experian or other vendors of information services.

Applicant Signature	Date
Print Name	Social Security Number
Employer Witness	



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CORI RELEASE FORM

Local Motion, Inc. has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee Local Motion, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant Signature

Last Name	First Name	Middle Name
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Maiden Name or Alias (If Applicable)	Place of Birth
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Date of Birth	Social Security Number - - -	ID Theft Index PIN
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Mother's Maiden Name _____

Current and Former Addresses:

Sex	Height	Weight	Eye Color
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State Driver's License Number*: _____

*THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FOR OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

Requested By:

Signature of CORI Authorized Employee