



Application for Employment

(Please Print)

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.

Date: ___ / ___ / ___

I. Personal Information:

NAME: _____				
Last	First	Middle		
ADDRESS: _____				
Number	Street	City	State	Zip

Permanent Address (if different than above)				
HOME PHONE: _____		CELL PHONE: _____		

II. Position Applied For: _____

- Full Time Part Time

III. Availability

Date available to start work: _____

Preferred Hours: _____ **Preferred Days:** _____

Do you have any objection to working overtime?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can you work overtime without prior notice?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can you work on Saturday?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can you work on Sunday?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can you travel if required by this position?	<input type="checkbox"/> YES	<input type="checkbox"/> NO



How were you referred to Local Motion?

- Walk In
- Online Job Posting - Website: _____
- Print Advertisement – Name: _____
- Employee Referral - Name: _____
- Employment Agency Posting

Have you ever worked for Local Motion? YES NO

If yes, Dates & Reason for leaving: _____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, proof of citizenship, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination. Please be prepared to submit proper documentation.

Are you a US Citizen? YES NO

Are you authorized to work in the United States? YES NO

Have you ever been convicted of a felony? YES NO

If you HAVE been convicted of a felony, please explain:

NOTE: Any offer of employment is contingent upon a successful CORI, SORI, employment verification, reference check and pre-hire drug screening.



IV. Educational History/Other:

	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

V. EMPLOYMENT HISTORY

Please include all employment for the last five years beginning with most recent/current employment.

NOTE: *Employment records will be verified by Human Resources. Use a separate sheet to list additional employers, if necessary*

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	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	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	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Position Held:	Contact Number:			
Reason for leaving:				

VI. 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:

VII. ADDITIONAL COMMENTS

If necessary, add any additional comments Local Motion should be aware.



VIII. Applicant's 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.

Signature of Applicant

___/___/___
Date