

Send this form to the attention of Paula Sadler
Fax # 1-215-723-1535 Email: psadler@clemmermoving.com



PERSONAL DATA

NAME: _____

ADDRESS: _____

PHONE: _____ SOCIAL SECURITY #: _____

CELL PHONE: _____ OTHER: _____

HIRE DATE: _____ BIRTH DATE: _____

DRIVER'S LICENSE STATE AND #: _____

If necessary, are you willing to relocate? _____

WHOM TO NOTIFY IN CASE OF EMERGENCY:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

THEIR PHONE NUMBER:

Home: _____ Work: _____

OFFICE USE ONLY:

Position: _____

Status: F/T P/T SUMMER

Starting Rate: _____ Signature: _____

425 Schoolhouse Road Telford, PA 18969
713 East Ordnance Road, Suites 310-316 Baltimore, MD 21226
(800) 523-2469

Clemmer Moving & Storage, Inc.

Employment Application

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____
Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____
Position Applied for: _____
Who referred you to us? _____

Position Applied for: _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?		
Have you ever pled "guilty", or "no contest", or been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If you are under 18 and we require a work permit, can you furnish one?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, give dates and details:

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness & nature of the violation, rehabilitation, and position applied for will be considered.

Education

High School:	Address:				
From: _____ To: _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
College:	Address:				
From: _____ To: _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
Other:	Address:				
From: _____ To: _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	

References

Please furnish the names, addresses & telephone numbers of two people to whom you are not related and by whom you have not been employed

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Background Investigation Consent

I, _____, hereby authorize SIRVA, Inc. and/or its agents to investigate
Print Individual's Name (First, Middle, Last)
my background, criminal or police records, including those maintained by both public and private organizations and all public records for the purposes of obtaining information which may be material to my qualification as a laborer for this company.

I release SIRVA, Inc. and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal information contained herein is true and correct to the best of my knowledge.

_____ - _____ - _____
Social Security Number _____
Date of Birth

Street Address _____

City, State, Zip _____

Aliases/Other Names (First, Middle, Last) _____

Have you **ever** been convicted of **any** felony criminal offenses? Yes ____ No ____

Charges: _____

Conviction Date: _____ City/State of Conviction: _____

Charges: _____

Conviction Date: _____ City/State of Conviction: _____

Have you **ever** been convicted of **any** misdemeanor criminal offenses? Yes ____ No ____

Charges: _____

Conviction Date: _____ City/State of Conviction: _____

Charges: _____

Conviction Date: _____ City/State of Conviction: _____

Individual's Signature

Date