



Application for Employment

South Hills Movers, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, veteran status, or other applicable protected class.

Please complete all sections of this application in its entirety, specifying "not applicable" (n/a) where appropriate.
All information should be printed clearly and neatly in ink.

Personal Information	Name: Last		First	Middle	Today's Date:		
	Primary Phone:		Alternative Phone:		E-mail Address:		
	Permanent Street Address:		City:		State:	Zip Code:	Since (Month/Yr)
	Present St Address: (if different from above)		City:		State:	Zip Code:	Since (Month/Yr)

Position Interest	Type of Work Preferred:		Position Desired:		Desired Salary: Annual ____ \$ Hourly ____	
	Date Available:		Are you willing to travel? This does not pertain to relocating. YES ___ NO ___ If YES, list any limitations:			
	Type of position desired: FULL-TIME ____ PART-TIME ____ SEASONAL ____		List any Schedule Restrictions (Seasonal applicants must list available dates.):			
	Your interest in this position is a direct result of (check one response only): SOUTH HILLS MOVERS WEBSITE ____ JOB FAIR/OPEN HOUSE ____ EMPLOYEE REFERRAL (specify): _____ PRINT ADVERTISEMENT ____ INTERNET ADVERTISEMENT ____ OTHER (specify): _____ Identify the specific source (website name, newspaper name, etc.): _____					

SHM History	Have you previously applied for a position with South Hills Movers, Inc.? YES ___ NO ___ <i>If YES, list position and date:</i>	
	Have you previously been employed by South Hills Movers, Inc.? YES ___ NO ___ <i>If YES, list position and date:</i>	
	Are you a relative of any South Hills Movers company employee? YES ___ NO ___ <i>If YES, state name and relationship:</i>	

Current Employment	Company Name:		Address:		Dates of Employment: (Month/Yr) FROM: TO:		
	Position Title:		Full Time ____ Part-Time ____ Temporary ____	Annual or Hourly Base Salary (specify): Start: End:		Date, amount and type of last raise:	
	Supervisor's Name and Telephone Number:		May we contact this employer at this time? YES ___ NO ___			Why do you wish to leave?	
	Duties and scope of responsibility:				Type of Leave: VOLUNTARY ____ INVOLUNTARY ____		

List last employer first, including U.S. Military Service. Please account for all time in the last ten years and attach any additional page(s) if necessary:				
Employment History	Company Name:		Address:	Dates of Employment: (Month/Yr) FROM:
				TO:
	Position Title:	Full Time ___ Part-Time ___ Temporary ___	Annual or Hourly Base Salary (specify): Start: End:	Date, amount and type of last raise:
	Supervisor's Name and Telephone Number:	May we contact this employer at this time? YES ___ NO ___		Why did you leave?
	Duties and scope of responsibility:			Type of Leave: VOLUNTARY ___ INVOLUNTARY ___
	Company Name:		Address:	Dates of Employment: (Month/Yr) FROM:
				TO:
	Position Title:	Full Time ___ Part-Time ___ Temporary ___	Annual or Hourly Base Salary (specify): Start: End:	Date, amount and type of last raise:
	Supervisor's Name and Telephone Number:	May we contact this employer at this time? YES ___ NO ___		Why did you leave?
Duties and scope of responsibility:			Type of Leave: VOLUNTARY ___ INVOLUNTARY ___	
Company Name:		Address:	Dates of Employment: (Month/Yr) FROM:	
			TO:	
Position Title:	Full Time ___ Part-Time ___ Temporary ___	Annual or Hourly Base Salary (specify): Start: End:	Date, amount and type of last raise:	
Supervisor's Name and Telephone Number:	May we contact this employer at this time? YES ___ NO ___		Why did you leave?	
Duties and scope of responsibility:			Type of Leave: VOLUNTARY ___ INVOLUNTARY ___	
Company Name:		Address:	Dates of Employment: (Month/Yr) FROM:	
			TO:	
Position Title:	Full Time ___ Part-Time ___ Temporary ___	Annual or Hourly Base Salary (specify): Start: End:	Date, amount and type of last raise:	
Supervisor's Name and Telephone Number:	May we contact this employer at this time? YES ___ NO ___		Why did you leave?	
Duties and scope of responsibility:			Type of Leave: VOLUNTARY ___ INVOLUNTARY ___	
Please account for all periods of unemployment during the last ten years (excluding periods of unemployment due to disability) including date(s) and reasons:				

The completed application will remain on file for one year from receipt. This application for employment is good for 30 days only. Consideration for employment after 30 days requires a new application.

Education and Certifications	Circle the highest education level completed: <i>Elementary: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4 Graduate: 1 2 3 4</i>							
	Type of School	City and state of schools attended	Are you currently enrolled?	Major field of study	Graduated	Degree, diploma or credit received	Year Received	GPA
	High School Name:		YES ___ NO ___		YES ___ NO ___			
	College Name:		YES ___ NO ___		YES ___ NO ___			
	Other Name:		YES ___ NO ___		YES ___ NO ___			
	<i>(Note: Transcript of grades may be required if hired.)</i>							
	Specify any educational activities, awards, scholarships, grants and/or designations related to the position applied for:							
	Specify any special courses and training related to the position applied for:							
	<i>Course Name</i>	<i>Institution</i>	<i>Date Completed</i>	<i>Certification(s) Earned</i>				
List Professional Licenses:								
<i>License Name</i>	<i>Year Obtained</i>	<i>Date of Expiration</i>	<i>Jurisdiction</i>					

Additional Skills	List computer software / hardware and office equipment experience:							
	Language Proficiency:	Language:	Fluent _____ Working Knowledge _____	Language:	Fluent _____ Working Knowledge _____	Typing Speed: _____ w.p.m.		
	Please include any other information you think would be helpful to us in considering you for employment, such as articles published, patents, accomplishments, etc:							

Activities	Identify job-related activities and / or job-related civic organizations you have been involved with in the past five years?							
	List accomplishments and offices held:							

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Professional References	List three persons, excluding friends and relatives, familiar with your work performance:					
	Name	Title	Company Name	Telephone Number	Years Known	How Known

Work Eligibility	If hired, can you provide proof that you are either a U.S. citizen or have the legal right to work in the job for which you are applying? YES _____ NO _____
	Have you ever been bonded? YES _____ NO _____ <i>If "YES", with what employers?</i>
	Are you over 18 years of age? YES _____ NO _____ <i>If not, employment is subject to verification of age.</i>

Other Information	Have you ever worked or attended school under a different name? YES _____ NO _____ <i>If YES, what name and at what school and / or employer?</i>
	Have you ever been convicted or plead guilty of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by the court? YES _____ NO _____ <i>If YES, please list type(s) of conviction(s), date(s), location(s) and disposition(s):</i>
	<i>(Note: A conviction record will not necessarily be a bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.)</i>
	Have you ever been discharged or suspended from employment (excluding reduction in force/layoffs)? YES _____ NO _____ <i>If "YES", explain:</i>
1. Do you have a valid and current driver's license? YES _____ NO _____ 2. If the answer to question 1 is yes, is it presently or has it ever been suspended or revoked? YES _____ NO _____ <i>If YES, explain:</i>	

Agreement	Please read the following and indicate your agreement by signing below: I certify that the information contained in this application and all other documents provided (e.g. resume, etc.) is true and correct to the best of my knowledge. I fully understand that any misrepresentation, falsification or omission of material information may result in a denial of employment and may be considered as justification for termination if discovered at a later date.
	I authorize South Hills Movers to make a thorough investigation of my background to verify any and all information provided, including but not limited to obtaining employment references, educational records, possible post-offer medical examination, and personal history. Other Federal, State or Local governmental agencies, former employers, and former schools may also be contacted. I also understand that as part of normal procedure for processing my employment application, a consumer report may be prepared. Such reports may include a criminal history background check as well as information relating to my credit standing, character and general reputation.
	I understand that if employed, my employment is At-Will and not for any definite period of time. I further understand and agree that my employment can be terminated with or without cause and with or without advance notice by South Hills Movers or at my own election at any time.
	In the event that I am hired, as a requirement of any employment with South Hills Movers, I agree to conform to the rules and standards of conduct of South Hills Movers. I also understand and agree that the terms and conditions of my employment (other than my at-will status) as well as any employee benefits with South Hills Movers may be changed and or discontinued at any time with or without notice.
	This application will not be processed until all requested information on this form has been completed, including your signature.
Applicant's Signature _____ Date _____	

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