

Nashville Office
611 Cowan Street
Nashville, TN 37207
(615) 313-8888



MOVING SERVICE, INC. & STORAGE
Local & Long Distance Specialist
Licensed * Bonded * Insured
ICC # MC240-760

Headquarters
12 E. Belz Blvd.
Memphis, TN 38109
(901) 774-2197 ph
(901) 942-1368 fax

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT DRUG TEST REQUIRED)

Please Print

Date of Application: _____ Social Security Number: _____

Name: _____

Address: _____

Telephone Number: _____ Cell Phone # _____

Email Address: _____ Date Available: _____

Position Applying For: _____ Salary Required: _____

Are you 18 year or age or older Yes No

If hired, can you provide written evidence that you are authorized to work in the United States? No Yes

How were you referred to our company? _____

Do you have any relatives who are employed by this company? Yes No
If yes, please provide list _____

Is there any information we would need about your name, or use of another name, for us to be able to check your record? Yes No

Have you ever been convicted of a felony? Yes No If yes, please provide an explanation _____

Do you have a CDL A or B License: _____ If yes, how many accidents have you had in the last three years? _____

Please list accident(s) _____

EDUCATION

High School Attended: _____ Year of Graduation: _____

College Attended: _____ Year Graduated: _____

Course of Study: _____ Degree: _____

Technical School _____ Year Graduated: _____

Course of Study: _____ Degree: _____

Other Training: _____

EMPLOYMENT RECORD

Company Name: _____
Address: _____
Job Title: _____ Date Started: _____
Date Left: _____ Starting Salary _____ End Salary: _____
Name of Supervisor: _____ Telephone # _____
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving _____

Company Name: _____

Address: _____

Job Title: _____ Date Started: _____

Date Left: _____ Starting Salary _____ End Salary: _____

Name of Supervisor: _____ Telephone # _____

May we contact? Yes No Reason for Leaving _____

Company Name: _____
Address: _____
Job Title: _____ Date Started: _____
Date Left: _____ Starting Salary _____ End Salary: _____
Name of Supervisor: _____ Telephone # _____
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving _____

Company Name: _____

Address: _____

Job Title: _____ Date Started: _____

Date Left: _____ Starting Salary _____ End Salary: _____

Name of Supervisor: _____ Telephone # _____

May we contact? Yes No Reason for Leaving _____

U. S. MILITARY SERVICE

Branch of Service _____

From _____ To _____ Highest Rank: _____

REFERENCES (Do not include relatives)

1. _____
Name Phone # Type of Work # of Years known
2. _____
Name Phone # Type of Work # of Years known
3. _____
Name Phone # Type of Work # of Years known

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy. In that I or the employer may terminated my employment at any time for any reason consistent with applicable state or federal laws; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the President of this organization. I understand that his application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity. Failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of one year, after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all statements herein are true and I understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal for employment.

Your Signature: _____ Date _____

Name: _____ Date: _____

Addendum to Application (Drivers Only)

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any trucking, transportation or other experience that may help in your work for this company

List courses and training other than shown elsewhere in this application

List special equipment or technical materials you can work with (other than those already shown)

ACCIDENT RECORD FOR THE PAST THREE YEARS

Dates	Nature or Accidents (Head-On, Rear-End, Upset, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

**TRAFFIC CONVICTIONS AND FORTFEITURES FOR THE PAST THREE YEARS
(OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVERS LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
 _____ Yes _____ No

B. Has any license, permit or privilege ever been suspended or revoked? ___ Yes ___ No

IF ANSWER TO EITHER A OR B IS YES, ATTACH A STATE GIVING DETAILS

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment	Dates		APPOX, # OF MILES (TOTAL)
		From	To	

List states operated in for the last five (5) years _____

Any safe driving awards: _____

PROCESS RECORD

Applicant Hired _____ Rejected: _____ Salary: _____

Date Employed _____ Point Employed _____ Department _____
 (If rejected, summary report of reasons should be placed in file)

THIS SECTION TO BE FILLED OUT BY RESPONSIBLE OFFICE OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Applications	_____	_____	_____	_____	_____	_____
2. Interview	_____	_____	_____	_____	_____	_____
3. Past Employment	_____	_____	_____	_____	_____	_____
4. Road Test	_____	_____	_____	_____	_____	_____
5. MVR	_____	_____	_____	_____	_____	_____

Applicant's Signature _____ Date _____

Signature of Interview Officer _____ Date: _____

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RELEASE OF INFORMATION FORM

I, _____ request and authorize release of information from my record(s) in response to any requests for the same from Ewing Moving Service, Inc. & Storage, which is considering me for employment.

I understand that this release of information can involve records or assessments of my abilities, performance, attendance, productivity, attitude, conduct, and other work-related characteristics or issues.

In exchange for Ewing Moving Service's consideration of my application for employment, I hereby agree not to file or pursue any complaints, claims, or legal actions against any organization or individual that provides work-related information about me to Ewing Moving Service, Inc. or its agents in accordance with the terms and intent of this release.

I also agree not to file or pursue any complaints, claims, or legal actions against Ewing Moving Service, Inc. & Storage or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

Print name

Signature

Date

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EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

It is the policy of Ewing Moving Service, Inc. & Storage to provide equal employment opportunity to all persons regardless of race, color, sex, national origin, age, religion, or disability. Applicants seeking employment are considered on the basis of their qualifications for the current and projected vacancies. This policy applies to all areas of employment including recruitment, hiring, promotion, transfer, discharge, layoff, compensation, benefits, and training opportunities.

Harassment or discrimination, regardless of its form is unacceptable behavior at Ewing Moving Service, Inc. & Storage and should be reported immediately to any member of management.

**This statement has been adopted and endorsed by Ewing Moving Service, Inc. & Storage
And its message is approved by:**

Charles L. Ewing, Sr., President/CEO

Date

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EMPLOYEE PHYSICAL EXAMINATION CONSENT FORM

I, a current employee of Ewing Moving Service, Inc. & Storage understand that my current job requires a significant amount of physical activity and/or physical activity of a difficult nature. I understand that a physical examination is necessary to assess my continuing fitness for the essential functions of my job. In consideration for my desire for a safe work environment and for my own safety of my fellow employees, I give my consent for Ewing Moving Service, Inc. & Storage to conduct the physical examination it considers necessary as outlined in its "Physical Examination" policy.

I have the right to ask questions of the examining medical personnel, and I have the right to receive a copy of the written evaluation concerning my fitness to perform the essential duties of my current job. I have the right to stop the examination at any point but such an act may jeopardize the status of my employment.

I authorize the laboratory or medical personnel retained by Ewing Moving Service, Inc. & Storage for the physical examination to release the results to Ewing Moving Service, Inc. for whatever uses the company deems appropriate. Further, I release the laboratory and/or medical personnel conducting the examination, Ewing Moving Service, Inc. & Storage, and its employees, directors, officers, and successors from any liabilities, claims, and causes of action, known or unknown, contingent or fixed, that may result from this physical examination. I agree not to file any lawsuit or other action to assert a claim.

I have read and understood this agreement, and I sign this without any coercion or duress by any individual or institution.

Print name

Signature

Date

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EMPLOYMENT DRUG TEST CONSENT FORM

I, a prospective employee of Ewing Moving Service, Inc. & Storage understand that the use of drugs, alcohol, and other controlled substances by employees create a dangerous work environment. In consideration for my desire for a safe work environment, I hereby give my consent for Ewing Moving Service, Inc. & Storage to conduct the drug tests it considers necessary as outlined in its "Drug Test" policy. I understand that this drug test is a condition for employment, I hereby allow Ewing Moving Service, Inc. & Storage to take the laboratory or medical personnel retained by Ewing Moving Service, Inc. for the tests to release the results to Ewing Moving Service, Inc. for whatever uses the company deems appropriate. Further, I release the laboratory and/or medical personnel conducting the drug tests, Ewing Moving Service, Inc. & Storage, and its employees, directors, officers, and successors from any liabilities, claims, and causes of action, known or unknown, contingent or fixed, that may result from this drug test. I agree not to file any lawsuit or other action to assert a claim.

I have read and understood this agreement, and I sign this without any coercion or duress by any individual or institution.

Print name

Signature

Date

BLUE LINE INVESTIGATIONS

6600 Stage Road, Suite 109 PMB 602 * Bartlett, Tennessee 38134
(901) 266-7100 * Fax: (901) 266-7121

EWING MOVING SERVICE, INC. & STORAGE

AUTHORIZATION TO RELEASE MOTOR VEHICLE RECORD

I, _____
(PRINT NAME)

hereby give consent, without any reservation, for Blue Line Investigations, Inc. And it's employees to obtain a copy of my driving record as part of a pre-employment background check for

I hereby agree that a telephone facsimile (FAX) or photographic copy shall be as valid as the original.

I certify and understand, as my signature below acknowledges that I have read this form and waive any rights I may have to bring criminal and/or civil action for defamation, invasion of privacy, or any similar cause against Blue Line Investigations, Inc., or it's employees.

.....
NAME AS IT APPEARS ON DRIVERS LICENSE (PRINT)

DRIVER'S LICENSE # _____ STATE _____

SOCIAL SECURITY NUMBER _____ DOB _____

(SIGNATURE) (DATE)

(WITNESS) (DATE)

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INQUIRY TO PAST EMPLOYERS

To. _____

Name _____ SS# _____ DOB _____

has put in an application with **Ewing Moving Service Inc.**, for a position as a _____
and has stated that he/she was employed at your company from _____ to _____.

Please verify dates of past employment, answer the following questions, and fax back to Ewing Moving Service at (901) 942-1368. Contact the Human Resources Dept. at (901) 774-2197 ext. 6364 if you have any questions.

Sincerely,

Charles L. Ewing, Sr.
Charles L Ewing, Sr., President
Ewing Moving Service

1. Are employment dates with your company correct? YES NO (correction) _____ to _____
2. What was his/her job title _____
3. What were his/her specific job duties _____
4. How was his/ her attitude at work? POOR FAIR GOOD EXCELLENT
5. Reason for leaving your employment? DISCHARGED LAID-OFF RESIGNED
6. Would you rehire this applicant? YES NO UPON REVIEW
7. If employed as a driver, specify equipment driven:

STRAIGHT TRUCK TRACTOR-TRAILER DOUBLE TRAILER BUS BOB FORKLIFT

8. Was a driver OTR LOCAL
9. Number of accidents _____ Number preventable _____
10. Was his/her driver's license ever suspended or revoked? YES NO
11. Comments: _____

Signature of person supplying information Title Company Name

You are hereby authorized to give **EWING MOVING SERVICE INC.** all information regarding my services, character, and conduct while your employee, and you are released from any and all liability which may result from furnishing such information to the above named company.

APPLICANT PLEASE SIGN

Name: _____ SSN: _____