



GOLDEN EAGLE MOVING AND STORAGE

NOTICE: APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address		Apartment/Unit #	
City		State	ZIP
Phone		E-mail Address	
Date Available	Social Security No.		Desired Salary
Position Applied for Driver <input type="checkbox"/> Helper <input type="checkbox"/>			
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 so, when?
Have you ever been convicted of a misdemeanor or a felony?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain
Do you have a valid driver's license?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please provide: Driver's License #		Expiration Date:	State of Issue:
License Class: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>		Endorsements:	
Have you had any accidents in past three years?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, please explain:
Have you had any moving violations in the past three years?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, please explain:
What is your means of transportation to work?			

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

Employment Application

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Wage \$	Ending Wage \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Wage \$	Ending Wage \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Wage \$	Ending Wage \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

REFERENCES	
<i>Please List Three Professional References</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

