

Application for Employment



4340 W. Mohave St.
Phoenix, AZ 85043-8302
(602) 267-9401

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____/____/____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP

Telephone # (____) _____ Mobile/Beeper/Other Phone # (____) _____ Social Security # _____

If you are under 18, and it is required, can you furnish a work permit? Yes No

How did you hear about Dirks? _____

Referred by _____ Newspaper Walkin Job Fair Internet

Have you ever been employed here before? Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work ____/____/____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Are you able to meet attendance requirements of the position? Yes No

Have you been convicted of a crime in the last seven (7) years? Yes No

If yes, please explain _____

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driver's license number if driving is an essential job function _____ State _____

Employment History

Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
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REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

Educational Background IF JOB RELATED

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
		MAJOR	DEGREE	
HIGH SCHOOL				
COLLEGE				
OTHER				
		TELEPHONE		RELATIONSHIP

Emergency Contact

References

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER DOES NOT LAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE. AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE. EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

Dircks Moving Services is a Drug Free Work Place

In response to the requirements of the Drug-Free Workplace Act of 1988, and in the interest of employee safety and welfare, applicants for employment are required to sign a urine, blood and plasma test release form. At any time during the employment application process or following employment, applicants or employees may be referred to a testing facility. Tests are conducted at the employer's expense, and all results will be held in confidence, subject to the rights of a law enforcement agencies involved in legal actions. Submission of this application and/or acceptance of employment constitutes the applicant's agreement to submit to such testing as a condition of the application process and/or continued employment. Upon employment, applicants will receive a complete copy of the Drug Free Work Place Policy and will be required to sign an acknowledgement indicating, among other things, receipt of a copy of the policy.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date _____ / _____ / _____



BACKGROUND RELEASE FORM

For Prospective Employer: Dircks Moving Services

In connection with my application for employment (including contract for service) with you, I understand that investigative inquiries are to be on myself including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work, habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, County and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, education, and other experiences.

I authorize without reservation any party or agency contacted by this employer to furnish the above-mentioned information.

I hereby consent to your obtaining the above information from Choice Pointe and/or any of their licensed agents. I understand to aid in the proper identification of my file or records, the following personal identifiers, as well as other information, is necessary.

Print Full Name _____

Other Names Known By _____

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

Current Address _____

City _____ State _____ Zip Code _____

Applicant's Signature _____ Date ____/____/____



The person whose motor vehicle record is to be ordered must sign this form. Incomplete and, or unsigned forms will not be processed.

DISCLOSURE AND AUTHORIZATION FOR RELEASE OF YOUR MOTOR VEHICLE RECORD

Information about your driving record will be used for employment purposes, including either hiring or promotion decisions. Before we can obtain your motor vehicle record you must give us your written permission. You have a right, upon written request, to a copy of your motor vehicle record from your employer or prospective employer. Your employer, or prospective employer, will provide you with a Summary of Your Rights under the Fair Credit Reporting Act.

AUTHORIZATION AND RELEASE TO OBTAIN YOUR MOTOR VEHICLE RECORD

In accordance with applicable provisions of the Fair Credit Reporting Act (FCRA), 15 U.S.C. 1681 et seq., the Americans with Disabilities Act and all applicable federal state, and local laws, I, _____, authorize DIRCKS MOVING SERVICES, 4340 W. Mohave, Phoenix, AZ 85043 to obtain my motor vehicle record from American Driving Records, WebMVR.

I agree that a copy of this authorization and release has the same effect as an original.

I agree to hold DIRCKS MOVING SERVICES harmless from any liability that might otherwise result from the request for, use of, and, or disclosure of my motor vehicle record.

I agree to hold AMERICAN DRIVING RECORDS, INC. harmless from any liability that might otherwise result from the request for, use of, and, or disclosure of my motor vehicle record.

I acknowledge receipt of A Summary of Your Rights Under the Fair Credit Reporting Act from my employer, or prospective employer.

****PLEASE PRINT CLEARLY****

X _____
Signature of the Individual (Driver/Applicant)

Date Signed

Print name as it appears on the driver's license.

Date of Birth

Driver's License Number

State of Issue

Dircks Moving Services, Inc.

Name of Employer