

Employment Application

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

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

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

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Reads Moving Systems
A Drug Free Workplace

Effective March 1, 2014 Reads Moving Systems will be a Drug Free Workplace. Reads has partnered with Low Country Drug Screening LLC and will begin random drug testing for all Non Atlas Qualified Employees after March 1, 2014. We feel strongly that our employees must be drug-free. If they are not, they need to seek treatment or different employment. All results will be strictly confidential.

We have incurred a drastic increase in our workers comp rates and they have offered Reads a discount to become Drug Free.

If you test positive a representative from Human Resources will contact you. Employees will need to arrange a treatment program and rehabilitation schedule at their own expense. If you are unwilling to pursue treatment or fail to meet the requirements of treatment, you will need to seek employment elsewhere.

This applies to ALL employees of our organization. Read Systems is committed to being a part of a drug-free America.

Atlas World Group
Background Investigation Consent Form

I _____, hereby authorize Atlas World Group and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and /or retaining other information which may be material to my qualifications for employment now and if applicable, during the tenure of my employment with Atlas World Group.

I release Atlas World Group 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 name and all information contained herein is true and correct to the best of my knowledge.

Applicant's Signature _____

Print Name _____

Date _____ Other Names Used _____

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

Driver's License # _____ State _____

Current Address _____ City/Town _____

Zip Code _____ Previous address _____

City/Town _____ State _____ Zip _____

*Note: The above information is required for identification purposes only and is no manner used as qualifications for employment, Atlas World Group is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.

CA, MN & Oklahoma Residents please note: In connection with your application for employment, your credit report will be obtained and reviewed. Under CA & MN law, you have a right to receive a free copy of your credit report by checking the appropriate box below. Your credit report will be mailed to you by the credit bureau. Under Oklahoma law, you have the right to receive a free copy of your consumer report.

_____ Yes, I am a California resident and would like a free copy of my credit report; or

_____ Yes, I am a California resident and would like a free copy of my investigative consumer report.

Applicants/Employees Waiver of Motor Vehicle Records

Employers Name: Reads Moving Systems
Employers Address: 1072 Drop Off Drive, Summerville, SC 29483 (803) 843-2320

Applicant/Employee Statement:

I knowingly and willfully waive my right to confidentiality with regard to my motor vehicle record, to the above named employer. I also do freely disclose the following information to obtain such record, to complete my application for employment.

Print Name _____

Date _____ Other Names Used _____

Date of Birth _____

Driver's License # _____ State _____