



APPLICATION OF EMPLOYMENT:

All statements made on this application form are subject to be checked for accuracy. All questions should be carefully, plainly, and specifically answered, giving further detailed information on additional sheets of paper if needed.

All sections of this application must be completed in order to be considered for employment. Applications which are incomplete, illegible, missing information, or do not provide sufficient detail, will automatically be disqualified from consideration or employment of any kind.

APPLICANTS MUST BE ABLE TO PASS DRUG TEST & 10 YEAR BACKGROUND CHECK

Position Applied For:	Date:
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Name:

How Long At Listed Address:	Telephone #:
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Date of Birth:	Social Security #:
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Employment Desired: FULL-TIME ONLY PART-TIME ONLY

When available for work?

EDUCATION & OTHER INFORMATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NO. OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				

Have you ever been convicted of a crime? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Do you have a driver's license? Yes No

What is your means of transportation to work?

Driver's License Number:	State of issue:	<input type="checkbox"/> Commercial (CDL)
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Expiration Date:

Please list two references other than relatives or previous employers.

Name:		Name:	
Telephone:		Telephone:	
Work Experience	Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.		
Job One			
Name of Employer:	Name of Last Supervisor	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Job Two			
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Job Three			
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

PLEASE READ CAREFULLY: APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Move 4 Less, LLC (hereinafter called "Move 4 Less"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Move 4 Less, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner /General Manager of the Company. Both the undersigned and Move 4 Less may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I certify that all answers given by me are true, accurate, and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents), may be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

I authorize you to communicate with persons listed as references, former employers, and any others whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me.

If employed, I agree to engage in no outside activity which would involve material conflict of interest with, or which could reflect adversely on Move 4 Less, and I understand this decision is to rest with Move 4 Less.

In consideration of my employment, if I am employed, I agree to conform to the employment policies of Move 4 Less and I understand that my employment and compensation can be termination for any reason of for no reason, with or without notice, at any time, at the option of Move 4 Less. I understand that no representative of Move 4 Less other than the owner has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Furthermore, I understand that I am to follow company policy and procedures and will get written up if I am not in dress code, if I am smoking and using my cell phone outside of my break, if I am tardy or do not show up for my work shift, etc.

I understand that there is an initial charge for uniforms including but not limited to T-shirt and hat.

I understand that I will be fined (receive pay deduction) for any claims that are opened for damages that I am involved in. I understand that the fine amount is not a set amount and shall be determined by Move 4 Less management.

I understand that completion of the Application for Employment does not guarantee that I will be employed by Move 4 Less.

I understand that Move 4 Less requires the successful completion of a Drug Screen, Verification of Employment, and a Background Check (including Registries), as a condition of employment. By submitting this Application for Employment, I hereby consent to a Drug Screen, Verification of Employment, and a Background Check (including Registries).

Signature of Applicant

Date: