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Employment Application

Applications are accepted daily between the hours of:

9:00 am – 11:00 am

2:30 pm – 4:00 pm

In order to fill out an employment application, you need to have:

TWO FORMS OF IDENTIFICATION (preferably a **DRIVER’S LICENSE** or **PICTURE ID** along with a **SOCIAL SECURITY CARD** or **BIRTH CERTIFICATE**).

If you are filling out the application for a **DRIVER’S (CLASS A or B) POSITION**, you will also need to have your **MEDICAL CARD**, **LONG FORM PHYSICAL** and a copy of your **DRIVER RECORD (MVR REPORT)** at the time you fill out the application.

ALL APPLICATIONS MUST BE FILLED OUT IN THE OFFICE.

APPLICATION FOR EMPLOYMENT

ALL AMERICAN CORPORATION, INC
ALL AMERICAN RELOCATION / ALL AMERICAN OFFICE SOLUTIONS
 5101 Trademark Drive
 Raleigh, NC 27610



Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

PERSONAL

Last Name	First Name	Middle	Date
Street Address			Home Telephone ()
City, State, Zip			Business Telephone ()
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: month and year _____ Location _____			Social Security #
Position Desired			Pay Expected
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you Legally eligible for employment in the United States?			When will you be available to begin work? _____
Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full.			Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," with what employers?

EMPLOYMENT HISTORY

*Please give accurate complete full-time & part-time employment record. **Start with your present or most recent employer.***

Company Name	Telephone ()
Address	Employed- (State month and year) From To
Name of supervisor	Weekly pay Start Last
State Job Title & Describe your work	Reason for leaving

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***We may contact the employers listed above unless you indicate those you don't want us to contact**

Employer do not contact: _____

Reason: _____

EDUCATION

School	Name and Location of School	Course of study	No. of yrs completed	Did you graduate?	Degree or Diploma
Graduate					
College					
Business/ Trade/Tech					
High School					
Elementary					

Military	Did you serve in the U.S. Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", in what Branch?
Describe any training received to the position for which you are applying. :			

Other	Any other qualities, training or experience that may help you fulfill your position being applied for please list here: _____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE:

Dates	Nature of accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE:

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

EXPERIENCE AND QUALIFICATIONS- DRIVER

STATE	LICENSE #	TYPE	EXPIRATION DATE

IF THE ANSWER EITHER A or B is YES, ATTACH STATEMENT GIVING DETAILS

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Y ___ or N ___
 B. Has any license, permit or privilege ever been suspended or revoked? Y ___ or N ___

DRIVING EXPERIENCE (IF NONE, WRITE NONE)

Class of equipment	Type of equipment (van, tank, flat, etc)	Dates		Approx.# of miles
		from	to	
Straight Truck				
Tractor & Semi-Trailer				
Tractor-Two Trailers				
Motorcoach-School Bus				
Other				

List states operated in for the last five years _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

APPLICANT'S SIGNATURE

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless other wise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

Applicant Signature

Date

References Check

Employer	Person Contacted	Results
# 1		
# 2		
# 3		
# 4		

Interview Results

Interviewer Name and Comments