

APPLICATION FOR EMPLOYMENT

Date: _____

Last name: _____ First name: _____ Middle: _____

Street address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Email: _____

SSN: _____ Birth date: _____ Marital status: _____

Position desired: (check one) Driver Helper Office/Staff

Are you willing to travel: (check one) Yes No

Pay expected: _____

Will you work overtime if asked: (check one) Yes No

When will you be able to begin work? _____

License #: _____ Class: _____ Any past CDL training: _____

Is your license currently valid? _____ If no, reason why? _____

Are you a U.S. citizen: (check one) Yes No Have you served in the Armed Forces: (check one) Yes No

EDUCATIONAL BACKGROUND

	Name & location	# of years completed	Did you graduate?
Elementary:			
High school:			
College:			
Other:			

PAST EXPERIENCE

Company name:	Phone:
City:	State: Zip:
Employed from (Month/Year):	To (Month/Year):
Name of supervisor:	Job title-describe your work:
Reason for leaving:	
Company name:	Phone:
City:	State: Zip:
Employed from (Month/Year):	To (Month/Year):
Name of supervisor:	Job title-describe your work:
Reason for leaving:	
Have you ever worked for Allied Van Lines or an Allied agent before: (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who / where?	
Have you collected Unemployment Compensation anytime within the last 24 months: (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you currently have a Workman's Comp Claim: (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES

Name:
Relationship: Phone:
Name:
Relationship: Phone:

MILLS VAN LINES
THE EXECUTIVE MOVING TEAM™

PLEASE USE THE BACK OF THE PAGE IF NEEDED