

EMPLOYMENT APPLICATION

- Check the
Appropriate
Company Box
Corporate Source
Move Solutions
Total Office Solutions

Important

Please read each section carefully prior to filling out. Please print your answers. If your application is not completely filled out, it will not be considered. Your complete application will be given every consideration, but its receipt does not imply that you will be employed. In the event you are not employed, your application will be kept on file for sixty days, after that time you will need to reapply.

Personal Information

First Name _____ Middle _____ Initial _____
Last Name _____
Street _____ State _____ City _____ Zip _____
Telephone _____ D/L# _____ DOB _____

General Information

Position Applied for: _____ Full Time? _____ Part Time? _____ Weekends Only? _____ Travel? _____
How did you hear of us? _____ Have you worked for MSL before? _____ If Yes, When did you leave? _____
Are you now or do you expect to be engaged in any other business or employment? _____ If yes, describe _____
Are you legally authorized to work in the U.S.? Yes___ No___ Are you under 18? Yes___ No___
Are any of your relatives employed by Total Office Solutions, LLP? Yes___ No___ If yes, who and where? _____
Is there any reason you could not stand, sit, and/or lift up to 50 pounds for a prolonged period, with or without an accommodation? _____
Have you ever been convicted of a theft or violence related offense? Yes___ No___ If yes, what and when was the offense? _____
Salary / Hourly Wage Desired? _____ When would you be available to work? _____

Education / Activities:

Complete High School? _____ If not, give highest grade achieved and explain. _____
Years of College? _____ If some, give year completed and what your Major was _____
List other training or important seminars, etc. _____
List Sports, Organizations or Activities: _____

IMPORTANT: COMPLETE AND SIGN REVERSE SIDE

Military Experience

Were you ever in the armed forces? _____ If yes, which branch? _____
Type of Discharge: _____ If not honorable, explain why: _____
Date of Discharge _____ Rank at Discharge _____ Length of Service: _____ Years _____
Overseas Duty? _____ If yes, where? _____ Type of Military Experience/Training: _____

Background / Work Experience

Provide information on your three most recent jobs.

#1) Company: _____ State _____ City _____ Position _____
Worked From _____ to _____ Primary Supervisor Name: _____ Telephone # of Supervisor: _____
Last Salary / Wage _____ Reason for Leaving: _____ Did you give notice? _____
#2) Company: _____ State _____ City _____
Position _____
Worked From _____ to _____ Primary Supervisor Name: _____ Telephone # of Supervisor: _____
Last Salary / Wage _____ Reason for Leaving: _____ Did you give notice? _____
#3) Company: _____ State _____ City _____
Position _____
Worked From _____ to _____ Primary Supervisor Name: _____ Telephone # of Supervisor: _____
Last Salary / Wage _____ Reason for Leaving: _____ Did you give notice? _____
Have you had any gaps in employment longer than one month? If so, please explain: _____

Subjective Response

How do you handle things that go wrong at work? _____

How do you handle an angry person who is being disrespectful to you? _____

I certify that I have read and fully completed both sides of this application and that the information contained on this application is correct to the best of my knowledge. I acknowledge that any omissions or erroneous information is grounds for not hiring me or, if hired, termination of my employment. I authorize Total Office Solutions, LLP and my past employers and Supervisors to give any and all information concerning my employment and release all parties from liability for any damage that may result from furnishing the information. I release Total Office Solutions, LLP from liability for releasing information regarding actions while employed to other parties. I understand that this application does not imply employment or create contractual obligation between Total Office Solutions, LLP and myself. I understand that my prospective employment would be employment at will, leaving both myself and Total Office Solutions free to terminate the employment relationship at any time. I understand that the taking of drug or alcohol tests are a condition of employment and that the refusal to take such tests immediately upon request will be grounds for my immediate termination from employment with Total Office Solutions, LLP. I understand that any and all information, processes and procedures provided to me and used during my employment with Total Office Solutions, LLP is proprietary, secret and confidential and that sharing, use or delivery by myself to others outside of my employment with Total Office Solutions, LLP is strictly prohibited. I understand that no one in the company is authorized to enter into either a written or verbal employment contract with me for any definite period of time without the express written consent of the President of the company. I understand that Total Office Solutions, LLP has the right to amend or modify its policies at any time, without prior notice. Total Office, Solutions, LLP processes background inquiries on all applications before hiring. I authorize Total Office Solutions, LLP to perform background checks prior to and during my employment. I understand that this information may be shared with Total Office Solutions, LLP customers and suppliers at the sole discretion of Total Office Solutions, LLP.

Printed Name: _____ Signature: _____ Date of application: _____