



Roush Moving & Storage
1876 Lombardy Drive
Rapid City, SD 57703
(605) 343-6935

Employment Application

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #
City State ZIP Code

Phone: Email

Date Available: Date of Birth: 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?

Do you have a valid CDL? YES NO

Are you at least 18 years old? YES NO

Have you ever been convicted of a felony or misdemeanor? YES NO

If so, 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

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

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

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

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: _____

NOTICE AND AUTHORIZATION REGARDING CRIMINAL BACKGROUND INVESTIGATIONS

Note: This form is not for California, Oklahoma or Minnesota Residents

Re: _____ (the *Employer*)

I understand that a consumer report concerning my criminal and police records, including information maintained by public and private organizations, may be obtained by the Employer in connection with my application for employment.

I also understand that before any adverse action is taken, based in whole or in part on the information contained in the report, I will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of my rights under the Fair Credit Reporting Act, as well as additional information on my rights under the law.

I authorize the Employer to utilize the services of a consumer reporting agency to conduct an investigation concerning my criminal or police records, including information maintained by both public and private organizations for the purpose of confirming information on my application and/or obtaining other information which may be material to my qualifications for employment.

I release the Employer and/or its agents and any person or entity that provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits involving information obtained from any and all of the above-referenced sources.

I have been given this notification that a report will be requested and used for the purpose of evaluating me for employment.

Printed Full Name

Maiden Name or any other Name(s) used

Date of Birth

_____-_____-_____
Social Security Number

Signature

Date

Street Address

City, State, Zip

Drug/Alcohol Testing Consent Form

Company Name: Roush Moving and Storage

Applicant/Employee Name: _____

I hereby agree to submit to a drug or alcohol test by furnishing a sample of my urine, breath, and/or blood for analysis. I have been fully informed of the reason for this test and I understand what I am being tested for and the procedure involved. I am fully aware that the results of this test will be forwarded on to my potential employer or current employer and will become part of my record.

I understand that if at any time I refuse to submit to a drug or alcohol test, or if I otherwise fail to cooperate with the testing procedures, my application for employment may be immediately withdrawn from consideration or I may be subject to immediate termination.

Signature of Applicant/Employee

Date

Date of Birth

Company representative

Date