

AN EQUAL OPPORTUNITY EMPLOYER
HORIZON MOVING SYSTEMS, INC.
EMPLOYMENT APPLICATION

Horizon Moving Systems is an Equal Employment Opportunity Employer dedicated to a policy of nondiscrimination in employment upon any basis, including race, color, creed, religion, sex, national origin, ancestry, sexual orientation, marital status, military status, or the presence of any physical or mental condition or disability. In reading and answering the following questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non-job related information.

THIS APPLICATION WILL BE GIVEN COMPLETE CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED NOR DOES IT IMPLY AN INTERVIEW.

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Applicant Hired? _____ Yes _____ No Date Employed _____ Salary/Hourly Rate _____

Department _____ Position(s): _____

Type of Work Desired: full time part time temporary Date available to start _____

POSITION(S) APPLIED FOR: _____

_____ Full Time _____ Part Time _____ Casual _____

Date Available to Start Work _____

PERSONAL DATA – Please print or type

Full Name _____ Email Address _____
Last First MI

Current Address _____
Street Address City State Zip

Permanent Address _____
Street Address City State Zip

Daytime phone at which you can be reached: (_____) _____ Times: _____

Evening phone at which you can be reached: (_____) _____ Times: _____

GENERAL INFORMATION – PLEASE ANSWER ALL QUESTIONS

1. Have you ever applied for a job with this company in the past? If yes, please give the date of application and the position for which you applied. Please include the name under which you applied if it is different from your current name. **yes** **no**
2. Have you ever been employed by this company in the past? If yes, please give the dates of employment, position(s) held, and state your name while employed, if different from your present name. **yes** **no**
3. If hired, will you be able to work during the normal days and hours required for the position(s) for which you are applying? If no, please explain: **yes** **no**
4. Do you have any commitments to another employer that might affect your employment with our company? If yes, please explain: **yes** **no**
5. If hired, can you furnish proof that you are 18 years of age, or if under 18, do you have a permit to work? If no, please explain: **yes** **no**
6. If hired, can you furnish proof that you are eligible to work in the United States? (If you are unsure of the documents needed to prove eligibility to work in the U.S., we will be happy to explain the legal requirements). If no, please explain: **yes** **no**
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7. Are you capable of satisfactorily performing the job(s) for which you are applying? If no, please explain: **yes** **no**
8. Do you have any experience from your military service that would be relevant to the job(s) for which you are applying? If yes, please explain: **yes** **no**
9. What languages are you able to fluently read and speak that might help you perform the job(s) for which you are applying? **English** **Spanish** **Other (specify):**
10. Have you been convicted of a felony or released from prison in the past 5 years? Note: a yes answer does not automatically disqualify you from employment since the nature of the offense, date, and type of job you are applying for will be considered. If yes, please explain: **yes** **no**
11. Are you charged with an unresolved criminal charge (have you been charged with a crime that has not yet resulted in a plea of guilty, court trial, or a dropping of the charge)? Note: a yes answer does not automatically disqualify you from employment. If yes, please explain: **yes** **no**
12. Have you ever been convicted of any crimes, other than minor traffic violations? If yes, please state the nature of the crime(s), when and where convicted and disposition of case: **yes** **no**

Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offence. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

EDUCATION, TRAINING AND EXPERIENCE

School	Name & Address	# Years Completed	Did you Graduate?	Degree or Diploma
High School			<input type="checkbox"/> yes <input type="checkbox"/> no	
College/ University			<input type="checkbox"/> yes <input type="checkbox"/> no	
Vocational			<input type="checkbox"/> yes <input type="checkbox"/> no	
Business			<input type="checkbox"/> yes <input type="checkbox"/> no	
Other				

Percentage of college expenses you earned? _____

Jobs held during school (elementary through college):

Employer Name & Address	Position Held	Job Duties	Dates Employed

Do you have any other experience, training, qualifications, or skills which you feel make you specifically suited for work in our company? If yes, please explain: yes no

List any business or professional organizations to which you belong or Offices held. (You may omit any activities, honors, memberships or other items that tend to identify your race, sex, national origin, age, disability or other personal traits that you prefer not to disclose.) _____

Do you have a valid driver's license? yes no CDL? yes no

MILITARY SERVICE

Have you served or are you presently serving in the United States Armed Forces? yes no

If yes, which branch? _____

Length of service _____ Rank _____ Start _____ End _____

List Service Schools Attended:

Date(s) Attended	Name & Address	Courses Completed	Did You Graduate?	Degree/Diploma

EMPLOYMENT HISTORY

List below all present and past employment, starting with your most recent employer:

Name of Employer: _____	
Address: _____	
Type of Business: _____	
Telephone Number: (____) _____	Your Supervisor's Name: _____
Your Position & Duties: _____	

Dates of Employment: From ___/___/___ To ___/___/___ Weekly Pay \$ _____ start \$ _____ end	
Reason(s) for leaving: _____	

Name of Employer: _____	
Address: _____	
Type of Business: _____	
Telephone Number: (____) _____	Your Supervisor's Name: _____
Your Position & Duties: _____	

Dates of Employment: From ___/___/___ To ___/___/___ Weekly Pay \$ _____ start \$ _____ end	
Reason(s) for leaving: _____	

Name of Employer: _____	
Address: _____	
Type of Business: _____	
Telephone Number: (____) _____	Your Supervisor's Name: _____
Your Position & Duties: _____	

Dates of Employment: From ___/___/___ To ___/___/___ Weekly Pay \$ _____ start \$ _____ end	
Reason(s) for leaving: _____	

Name of Employer: _____	
Address: _____	
Type of Business: _____	
Telephone Number: (____) _____	Your Supervisor's Name: _____
Your Position & Duties: _____	

Dates of Employment: From ___/___/___ To ___/___/___ Weekly Pay \$ _____ start \$ _____ end	
Reason(s) for leaving: _____	

Name of Employer: _____	
Address: _____	
Type of Business: _____	
Telephone Number: (____) _____	Your Supervisor's Name: _____
Your Position & Duties: _____	

Dates of Employment: From ___/___/___ To ___/___/___ Weekly Pay \$ _____ start \$ _____ end	
Reason(s) for leaving: _____	

REFERENCES

List below three (3) persons you have known at least one year. DO NOT list relatives or former employers.

Name: _____	Occupation: _____
Address: _____	
Telephone: (____) _____	Number of years acquainted _____

Name: _____	Occupation: _____
Address: _____	
Telephone: (____) _____	Number of years acquainted _____

Name: _____	Occupation: _____
Address: _____	
Telephone: (____) _____	Number of years acquainted _____

PLEASE READ BELOW AND SIGN

If you are hired, a medical examination will be required before you start work. If the examination discloses medical conditions that prevent you from successfully performing the essential functions of the job, the Company will attempt to make accommodations to allow you to work. If no reasonable accommodations can be found, or they cause undue hardship on the Company, the tentative offer of employment will be withdrawn.

JOB APPLICANT AND EMPLOYEE
Consent Form for a Physical Examination

I, _____, hereby consent to a physical or mental examination by a qualified physician at the Company's expense. I also consent to periodic physical or mental examinations at Company's expense if conducted in furtherance of the Company wellness plan or similar programs, or if reasonable questions as to my ability to safely and effectively perform my job arise. Furthermore, I authorize the examining physician to release the examination results and provide medical opinions as to my physical or mental ability to perform my job (or the job for which I have applied) to Horizon Moving Systems or its authorized representatives.

Date

Applicant's Signature

IMPORTANT

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

1. By my signature and initials placed below, I promise that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date. I agree to immediately notify the Company should I be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending, or during my period of employment, if hired.

_____ **Initials**

2. I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I also authorize the Company to contact my present employer (unless otherwise noted in this application form), past employers and listed references. I understand that the Company may request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews of my neighbors, friends, relatives, former employers, schools and others. I also understand that under the Federal Fair Credit Reporting Act I have the right to make written request to the Company, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

_____ **Initials**

3. I authorize any person, school, current employer (except as previously noted), past employer(s), and organizations named in this application form (and accompanying resume, if any) to provide the Company with relevant information and opinion that may be useful to the Company in making hiring decisions, and I release such person(s) and organizations(s) from any legal liability in making such statements.

_____ **Initials**

4. I give permission for a complete physical examination, including a drug screening exam and x-rays, and I consent to the release to the Company of any and all medical information, as may be deemed necessary by the Company in judging my capability to do the work for which I am applying. I also understand that this Company has a random drug testing program, and that I may be subject to such testing.

_____ **Initials**

5. I understand that if my employment is terminated by the Company for dishonesty, breach of trust, or any criminal act, the authorities may be notified and I may be criminally prosecuted. I understand that, if hired, I may not hold other employment, nor engage in sales, business transactions or other activities that create a conflict of interest with my position with this Company.

_____ **Initials**

6. I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time. I understand that no person is authorized to change any of the terms mentioned in the employment application form.

_____ **Initials**

Date Signed

Signature of Applicant

This application for employment will remain active for six months.

**VOLUNTARY SELF-IDENTIFICATION
(CONFIDENTIAL-FOR STATISTICAL USE ONLY)**

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state, or local law. The information below will be used only in the compilation of data for Affirmative Action reporting. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Identification can be declared at any time prior to, or if applicable, after hire. Please return this page with your application.

PLEASE COMPLETE IN FULL:

Date: _____ Position Applied For: _____

Name: _____

Sex: (Circle appropriate response) Male Female

Date of Birth: _____ Applicant's Zip Code: _____

ETHNIC GROUP:

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

___ **American Indian or Alaskan Native** - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment

___ **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

___ **Black or African American** - A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

___ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

___ **White** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

___ **Hispanic or Latino (All races)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

___ **Hispanic or Latino (White race only)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.

___ **Hispanic or Latino (all other races)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.

___ **Race missing or unknown** - Applies to **Applicants only**, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

VETERAN STATUS:

Federal contractors are required to implement affirmative action procedures in employing veterans from the three, targeted groups identified below. Federal contractors also are required to report annually on the inclusion of veterans from these three groups in their current workforce and in their new hires. Current and prospective employees are requested to provide the information below so that the employing organization can comply with these important federal mandates. Provision of the information requested below is voluntary and will be kept confidential by the employing organization. Disclosure or refusal to provide the information will not subject the applicant or employee to any adverse treatment and the information will be used only to support veteran's programs in accordance with the regulations implementing 38 U.S.C. 4212.

- () SPECIAL DISABLED VETERAN (Please check if either or both categories apply to you.)
 - (A) A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability (a) rated at 30 percent or more, or (b) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 to Title 38, U.S.C. to have a serious employment handicap; or
 - (B) A veteran who was discharged or released from active duty because of a service-connected disability.

- () VETERAN OF THE VIETNAM-ERA (Please check if either or both categories apply to you.)
 - (A) A veteran who served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (I) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (II) between August 5, 1964 and May 7, 1975 in all other cases; or
 - (B) A veteran who was discharged or released from active duty for a service connected disability if any part of such active duty was performed: (I) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (II) between August 5, 1964 and May 7, 1975 in all other cases.
- () OTHER VETERANS (Please check if either or both categories apply to you.)
 - (A) A veteran with active duty service at any point between December 7, 1941 and April 28, 1952; or
 - (B) A veteran who served on active duty in a campaign or expedition for which a campaign badge has been authorized. (Since new campaigns and expeditions are added from time to time, they can be identified by you, or your employer at your request, at <http://www.opm.gov/veterans/html/vgmedal2.asp>.) A veteran qualifies under this criterion ONLY based upon military service IN the identified campaign or expedition and NOT simply based on any military service during the time of the campaign or expedition. The campaign badges, service medals, and expeditionary medals that qualify under this criterion will be listed on the veteran's "Armed Forces of the U.S. Report of Transfer or Discharge," commonly known as the "DD-214 Form," if the veteran meets this criterion.
- () I am not a veteran as defined by any of the three groups above.

Signature

Location

DISCLOSURE AND AUTHORIZATION FORM

DISCLOSURE

As part of the employment process and/or for other legitimate business purposes as permitted under the Fair Credit Reporting Act (including, but not limited to, establishing my eligibility to provide laborer or contractor services) for (Agent's Name) and/or its independent contractors (hereinafter, individually and collectively referred to as the "Company") and/or for any shipments when Company shall act as an interstate transportation service agent for United Van Lines, LLC and/or Mayflower Transit, LLC and their parent company, affiliates, subsidiaries and/or independent contractors (hereinafter, individually and collectively referred to as the "Van Lines"), the Company and/or the Van Lines shall obtain a consumer report (known as an investigative consumer report in California). I understand that the consumer report (known as an investigative consumer report in California) may include information regarding my character, general reputation, personal characteristics, or mode of living.

AUTHORIZATION

During the application process and at any time during the tenure of my employment with the Company and/or for any other legitimate business purpose permitted under the Fair Credit Reporting Act, I hereby authorize ChoicePoint Workplace Solutions Inc., ("ChoicePoint") on behalf of the Company, and/or the Van Lines, as defined above, to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and education institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. I understand that I may contact ChoicePoint at the following address:

ChoicePoint Workplace Solutions Inc.
Consumer Disclosure Center
PO Box 105292
Atlanta, GA 30348
1-800-845-6004

I hereby authorize the Company and the Van Lines to share, release and/or otherwise disclose, orally or in writing, to each other and/or the Van Lines' other authorized interstate transportation service agents (the "Agents") any and all information related to my employment status and/or eligibility status (including, but not limited to, any Labor Identification number(s) assigned to me) to participate in any way on any shipments handled by the Company as an interstate agent for the Van Lines.

I acknowledge and agree that this Disclosure and Authorization Form, in original or copy form, shall be valid for this and any further reports or updates that may be required.

First Name _____ Middle Name _____ Last Name _____

Current Address _____ City _____ State _____ Zip _____

Prior Addresses (within last seven (7) years):

- | | |
|-----------------------------------|-----------------------------------|
| 1. _____
Street City State Zip | 2. _____
Street City State Zip |
| 3. _____
Street City State Zip | 4. _____
Street City State Zip |
| 5. _____
Street City State Zip | 6. _____
Street City State Zip |

Social Security # _____ Date of Birth _____

Applicant's Signature _____ Date _____

***For Identification Purposes Only**

CA, MN & Oklahoma Residents please note: In connection with your application for employment, your consumer report may be obtained and reviewed. Under Minnesota and Oklahoma law, you have the right to receive a free copy of your consumer report by checking the appropriate box below.

- _____ YES, I am a California resident and would like a free copy of my investigative consumer report.
- _____ YES, I am a Minnesota resident and would like a free copy of my consumer report.
- _____ YES, I am a Oklahoma resident and would like a free copy of my consumer report.

CA Residents please note: In connection with your application for employment, an investigative consumer report will be obtained and reviewed. Under CA law, you have a right to receive a free copy of your investigative consumer report by checking the appropriate box below. Your investigative consumer report will be mailed to you by ChoicePoint.

- _____ YES, I am a California resident and would like a free copy of my investigative consumer report.

A.1 FOR OFFICE USE ONLY

Employer please note: If a Minnesota or Oklahoma consumer checks "YES" regarding the consumer report, or if a California consumer checks "YES" regarding the investigative consumer report, please fax this form to your ChoicePoint Service Center.

Account Number: _____