

# SHER-DEL TRANSFER & RELOCATION SERVICES INC.

We consider applicants for all positions without regard to age, race, creed, color national origin, sex or disability, martial status or any other legally protected status pursuant to new York State Human Rights Law and other relevant, federal, state and local laws.

Employment Application (Please print)

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit#  
\_\_\_\_\_  
City State Zip Code

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

How did you hear about us? Please check one

☐ Employment ☐ Advertising ☐ Agency ☐ Friend ☐ Relative ☐ Walk in ☐ Other

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 ths company? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony in the past 7 years? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

If You are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Are you currently on "lay off" status and subject to recall? ☐ Yes ☐ No

Can you travel if job requires it? ☐ Yes ☐ No

Are you available work

☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did You graduate? ☐ Yes ☐ No Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did You graduate? ☐ Yes ☐ No Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did You graduate? ☐ Yes ☐ No Degree: \_\_\_\_\_

## References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

May we contact your previous for a reference? ☐ Yes ☐ No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

May we contact your previous for a reference? ☐ Yes ☐ No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

May we contact your previous 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. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature which means that Employee may resign at any time and the Employer may Discharge Employee at any time or without cause. It is further understood that this "at all" relationship not to be changed by written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or Interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulation of the employer.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Additional Information

### Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experiences

## Specialized Skills -Check Skills/Equipment Operated

<input type="checkbox"/> CRT	Production/Mobile Machinery (List)
<input type="checkbox"/> PC	
<input type="checkbox"/> Calculator	
<input type="checkbox"/> Typewriter	
<input type="checkbox"/> Fax	
<input type="checkbox"/> Internet	Other (list)
<input type="checkbox"/> Lotus 1 2 3	
<input type="checkbox"/> PBX System	
<input type="checkbox"/> Word Perfect	

Are you capable of performing in a resonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

☐ Yes ☐ No

State any additional information you feel may be helpful to us in considering your application

## References

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

## To all applicants:

- You are all obligated to call in on a daily basis, Monday Thru Friday at 3:00pm and Saturday before 12:00pm for any work that may be available for you.
- Proper work attire must be worn on jobs at all times.
- Steel toe work shoes or boots, must be worn, NO SNEAKERS
- Work pants (dark blue dickie style) NO JEANS
- Sher-Del uniform shirt.
- Sher-Del issued hats only.
- Safety vest must be worn at all times while on duty and working outside, on sidewalk, street, in lane of traffic, in cab or truck cargo area.
- The use of electronics while working is prohibited.
- Proper display of Sher-Del issued Identification during work must be worn.
- The company reserves the right to cancel the company ID at any time, without cause.
- The Company ID is property of the Company and should only be used in connection with your work with the Company.
- The Company ID must be returned to the Company upon demand.
- We expect all employees to have proper clean attire and look presentable.
- Failure to comply with the above listed regulations can lead to dismissal.
- If you have any questions, please come to the dispatch office and we will assist you in understanding our work attire policy.
- Please note the above is subject to change without notification.
- 

Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

# SHER-DEL TRANSFER & RELOCATION SERVICES INC.

We consider applicants for all positions without regard to age, race, creed, color national origin, sex or disability, martial status or any other legally protected status pursuant to new York State Human Rights Law and other relevant, federal, state and local laws.

Sher-Del Transfer & Relocation Services, Inc.

## DISCLOSURE/AUTHORIZATION FORM

By this document SHER-DEL TRANSFER & RELOCATION SERVICES, INC. (SHER-DEL) discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment.

This shall authorize the procurement of a consumer report by SHER-DEL as part of the pre-employment background investigation. If hired this authorization shall remain on file and shall serve as an ongoing authorization for Sher-Del to procure consumer reports at any time during my employment period.

I also authorize the procurement of an investigative consumer report and understand that it may contain information about my employment and educational background, criminal history, credit, mode of living, character and personal reputation. I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable

period of time and to obtain a copy of the report upon request. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement/criminal justice agencies, city, State County and federal courts, state motor vehicle bureaus, military services and persons to release information they have about me to the person or company with which this form has been filed, or their agent, Fidelifacts/Metropolitan New York, Inc. I release all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Act. I authorize Fidelifacts/Metropolitan New York Inc to receive any criminal History information pertaining to me in the files of any state or local criminal justice agency in Georgia.

I authorize the National Personnel Records Center, St Louis MO or other custodian of my military records to release to Fidelifacts/Metropolitan New York, Inc. information or photocopies of my military personnel and related records, or only the following information/records: \_\_\_\_\_

Applicant's Signature

Print Name

Date

Other Name(s) Used

Social Security Number

Date of Birth

Driver ID Number

State

Current Address

City or Town

State

Zip Code

Current Address

City or Town

State

Zip Code

Company Name \_\_\_\_\_

## FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of the Public Law 104-208), you are being informed that reports Verifying your previous employment, previous drug and alcohol test result, and your Driving record by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number