



D&D Mobile Home Repairs & Moving, Inc.

1262 Turnpike Rd.
Elizabeth City, NC 27909
Office: 252-771-2613 / Fax: 252-771-2130
www.ddmobilehomemovers.com
info@ddmobilehomemovers.com

Employment Application

Instructions: Print clearly in black/blue ink. Answer all questions completely as incomplete sections will delay the process of your application. Sign and date the form.

PERSONAL INFORMATION:

Name: (Full First, Middle, Last) _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____ Alternate Phone Number: _____ Date of Birth: _____
(____) _____ (____) _____

Place of Birth [City & state]: _____ US Citizen? _____ Circle one: _____ Circle one: _____
_____ Male or Female _____ Single / Married / Divorced / Widowed

Race: African American / Caucasian / Hispanic or Latino / Other: _____

Social Security Number: _____ Drivers License Number: _____ Expiration: _____ State: _____

Are you eligible to work in the United States? Yes _____ No _____

If hired, are you willing to submit to & pass a controlled substance test? Yes _____ No _____

Have you ever been convicted of or pleaded no contest to a felony? Yes _____ No _____

If yes, please explain: _____

Are you currently on probation? Yes _____ No _____ If yes, please explain & provide officers Name & contact number: _____

POSITION/AVAILABILITY:

Position Applied For:

Desired Wages:

Please check the days you would be available:

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday ____ Sunday ____

Hours Available: from _____ to _____

Would you be available for overnight travel?

What date are you available to start work?

Yes _____ No _____

EDUCATION: information for highest grade completed must be listed, even if no diploma was obtained.

Name & Address of School (at least city & state)

Degree, Diploma or Highest Grade?

Date or Year?

SKILLS & QUALIFICATIONS: Licenses, Skills, Training, Qualifications & Awards.

EMPLOYMENT HISTORY:

Present or Last Position:

Employer: _____

Address: (complete) _____

Supervisor: _____

Phone: _____

Position Title: _____

Employed From: _____ To: _____

Responsibilities: _____

Salary: _____ Hourly / Daily Paid: Weekly / Bi-Weekly / Monthly

Reason for Leaving: _____

May We Contact This Employer?

Yes _____ No _____

Previous Position:

Employer: _____

Address: (complete) _____

Supervisor: _____

Phone: _____

Position Title: _____

Employed From: _____ To: _____

Responsibilities: _____

Salary: _____ Hourly / Daily Paid: Weekly / Bi-Weekly / Monthly

Reason for Leaving: _____

May We Contact This Employer?

Yes _____ No _____

Prior to Previous Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position Title: _____

Employed From: _____ To: _____

Responsibilities: _____

Salary: _____ Hourly / Daily Paid: Weekly / Bi-Weekly / Monthly

Reason for Leaving: _____

May We Contact This Employer?

Yes _____ No _____

References:

1. Name: _____ Phone: _____

Relationship to you: _____

2. Name: _____ Phone: _____

Relationship to you: _____

3. Name: _____ Phone: _____

Relationship to you: _____

Emergency Contact Information:

1. Name: _____ Relationship to you: _____

Phone Number: (_____) _____ Home / Work / Cell

2. Name: _____ Relationship to you: _____

Phone Number: (_____) _____ Home / Work / Cell

Please Read & Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

Initials: _____

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

Initials: _____

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Initials: _____

Applicant's Signature: _____

Date: _____

Authorization

Authorization: By signing below, you authorize: (a) backgroundchecks.com ("BGC") to request information about you from any public or private information source; (b) anyone to provide information about you to BGC; (c) BGC to provide us (Williams Scotsman, Inc.) one or more reports based on that information; and (d) us to share those reports with others for legitimate business purposes related to your employment. BGC may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee with us.

The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is attached to this authorization. If you are a New York applicant, a copy of New York's law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

Personal Information: Please print the information requested below to identify yourself for BGC.

Printed name:

First	Middle (<input type="checkbox"/> none)	Last
-------	--	------

Other names used: _____

Current and former addresses:

	current		
_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip

Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.

Date of birth

Social security number

Driver's license number & state

Name as it appears on license

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: .

Signature

Date