

Moon Services, Inc.
Application for Employment

Date _____

Name _____ S.S. # _____
Last First M.I.

Present Address _____
Street City State Zip

Phone Number _____ U.S. Citizen Y / N _____

Are you over 18 years of age? _____

Do you have a valid driver's license? _____ State _____

This job requires heavy lifting; do you have any physical conditions that would prevent you from performing this type of work? _____

If so please explain. _____

Type of work Desired: _____

When would you be available to start? _____

Salary Desired? : _____

Are you available for evenings and weekends if Necessary? Y / N

Education

	Where:	Date:	Subject Studied	Graduated Y / N
Grammar				
High School				
Trade/ College/ Other				

References

List of names of three people not related to you, and that you have known for at least three years.

Name	Address	Phone #	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Employment History

Employer: _____ Type of Business: _____

Employed From ___ / ___ To: ___ / ___ Address: _____

Supervisor's Name: _____ Phone # _____ - _____ - _____

Position Held: _____ Reason for Leaving: _____

Starting Salary: _____ Ending Salary: _____

Briefly Describe your Duties (Attach Additional Page if Necessary): _____

May we Contact this Employer? Y / N _____

Employer: _____ Type of Business: _____

Employed From ___ / ___ To: ___ / ___ Address: _____

Supervisor's Name: _____ Phone # _____ - _____ - _____

Position Held: _____ Reason for Leaving: _____

Starting Salary: _____ Ending Salary: _____

Briefly Describe your Duties (Attach Additional Page if Necessary): _____

May we Contact this Employer? Y / N _____

Employer: _____ Type of Business: _____

Employed From ___/___ To: ___/___ Address:

Supervisor's Name: _____ Phone # _____ - _____ - _____

Position Held: _____ Reason for Leaving: _____

Starting Salary: _____ Ending Salary: _____

Briefly Describe your Duties (Attach Additional Page if Necessary): _____

May we Contact this Employer? Y / N _____

Are there any other experience, skills or qualifications you have which would especially apply to our work at Moon Services, Inc.?:

“ I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION MAY BE GROUND FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE ALL PARTIES FROM ALL LIABILITY THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OR PAYMENT OF MY WAGES AND SALARY BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.”

Date ___ / ___ / ___

Signature _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: ___ / ___ / ___

Hired: Y / N Position: _____

Salary/ Wage \$ _____ Date reporting to work ___ / ___ / ___

Approved _____

Additional Comments: _____

Professional References

Please list only others of the same job description as yourself

Name	# Of Years Known	Relationship to Applicant	Address	Phone #
1.				
2.				
3.				
4.				

5.				
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Pre-Employment Inquiry Release

In correction with and duration of my employment (including contract for services) with you, I understand that investigative background inquires are to be made on myself including consumer, criminal, driving, education, and other reports. These reports will include information as to my character, work habits, performance, and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, civil, and other experiences as well as claims involving me in the files of insurance companies.

This information will, in total or in part, be obtained from:

Axiom Information Security Services
6111 Oak Tree Blvd. 4th Floor
Independence, OH 44131
1-800-853-3228

I authorize, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information:

Print Full Name: _____

Social Security # _____ - _____ - _____ Date of Birth ** _____ / _____ / _____

Current Address _____

City/State/ Zip Code _____

Driver's License No. _____ State _____

Applicant's Signature _____ Date _____

Prospective Employer _____

*Date of Birth is being requested in order to obtain accurate retrieval of records.

_____ California, Minnesota, & Oklahoma Applicants Only:

Please check here to have a copy of your consumer report sent directly to you by Axiom at the address listed above.

