

Moon Services, Inc.  
Application for Employment

Name \_\_\_\_\_ Date \_\_\_\_\_  
           Last                    First                    Middle

Present Address \_\_\_\_\_  
                                   Street                                    City                                    State                                    Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you over 18 years of age? \_\_\_\_\_ U.S. Citizen Y / N \_\_\_\_\_

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? Y / N 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 (list most recent first)

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.? :

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" 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.				

## 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. 4<sup>th</sup> 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: \_\_\_\_\_

Maiden Name (or other names used): \_\_\_\_\_

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.