

## **Instructions for Filling out the Moving Masters Application for Employment:**

After you have downloaded the PDF application to your computer, you have two options for filling in all of the fields:

- 1) You can print the application and fill it out by hand, or,
- 2) Fill in all of the fields on your computer by clicking in each field and typing in your responses.

If you choose to fill in the application on your computer, make sure you save your application frequently as you go so you do not lose all of your work.

Once you have completed filling out the application you will need to sign the last page. To do this, please save the application and print it out. Once you have signed the last page you can either scan it and email it to [johana@movingmasters.com](mailto:johana@movingmasters.com) or fax it to 301-773-2606.

Thank you.

APPLICATION FOR EMPLOYMENT

Moving Masters, Inc. ("the Company") is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, veteran status, age, disability, citizenship or any other basis protected under federal, state or local law. No question on this application is intended to secure information to be used for such discrimination.

In order to be considered for employment with the Company, you must complete and sign this application by answering all questions fully and clearly.

Position Desired 1. \_\_\_\_\_ 2. \_\_\_\_\_

Wage or Salary desired? \$ \_\_\_\_\_ per hr/yearly When can you start? \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
STREET & NO. CITY STATE ZIP

Mailing address if different from above

Telephone No. \_\_\_\_\_ Are you over 18 years of age? Yes \_\_\_ No \_\_\_

How did you learn about his opening? \_\_\_\_\_

Have you ever worked for Moving Masters, Inc.? Yes \_\_\_ No \_\_\_ If yes, when?

Do you have any relatives who are employed by Moving Masters? Yes \_\_\_ No \_\_\_  
If yes, provide their name, and approximate dates:

List any other name under which you have worked or you were enrolled in school to assist us in checking your references and background.

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes \_\_\_ No \_\_\_

If no, describe the essential functions that cannot be performed.

Are there any hours, shifts or days you cannot or will not work?

Shift preferred \_\_\_ Part Time \_\_\_ Full Time \_\_\_ Temporary \_\_\_ Seasonal

Note: You may be offered employment for a specific shift, however, Moving Masters, Inc. reserves the right to modify your shift or work hours depending on needs of the business.

Have you ever been CONVICTED of a misdemeanor (other than traffic violation) or a felony? Do not include convictions for which the records were sealed or expunged. A conviction will not automatically disqualify an applicant from a particular job. Yes \_\_\_ No \_\_\_

If yes, please explain:

EDUCATION	NAME & LOCATION OF SCHOOL	GRADUATED Yes or No	MAJOR	DIPLOMA/ DEGREE
High School				
College/Univ.				
College/Univ.				
Other Training/Education:				

Special Skills: (e.g. computer programming, word processing, etc.)

Additional Training:

Which languages do you read, speak or write fluently?

In addition to your work history what other experiences, skills or qualifications would especially fit you for work with the Company?

WORK HISTORY May we contact your present employer? Yes \_\_\_ No \_\_\_

Most Recent Employer	Address	Telephone
Date Started:	Starting Salary: \$ Per	Starting Position
Date Left:	Salary on Leaving: \$ Per	Position on Leaving
Description of Duties		

Previous Employer	Address	Telephone
Date Started:	Starting Salary: \$            Per	Starting Position
Date Left:	Salary on Leaving: \$            Per	Position on Leaving
Name and Title of Supervisor		Reason for Leaving
Description of Duties		

Previous Employer	Address	Telephone
Date Started:	Starting Salary: \$            Per	Starting Position
Date Left:	Salary on Leaving: \$            Per	Position on Leaving
Name and Title of Supervisor		Reason for Leaving
Description of Duties		

Name and Address of Other Employers	Dates of Employment		Job Title	Reason for Leaving
	From	To		

REFERENCES

Please list three persons best qualified to comment on your related experience and or educational background. Do not include relatives.

Name	1.	2.	3.
Title/Relationship			
Years Known			
Telephone			

THIS APPLICATION IS NOT COMPLETE UNTIL SIGNED, AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED. IF YOU FILLED OUT YOUR APPLICATION ONLINE, PLEASE PRINT OUT YOUR APPLICATION AND INITIAL AND SIGN IT WHERE INDICATED.

If you have any questions regarding the following statements, please ask the interviewer before initialing and signing.

\_\_\_\_\_ (initial) I certify that the information provided in this application is accurate and true. I understand my misrepresentation, falsification, or material omission of information in this application during the interview process or if discovered after I am hired, will result in the refusal to hire or disciplinary action up to an including the termination of my employment.

\_\_\_\_\_ (initial) I here agree that if I am offered employment, I will submit to a required drug test at the expense of the Company, and that a negative result is a condition of employment. I hereby authorize the release of the laboratory test to which I have consented, for the purpose of determining the presence of drugs or their metabolities in my body to the Company, to the examining physician, medical review officer, substance abuse professionals, and/or other agents of the Company, with the understanding that the Company will review the results of these tests in connection with making a decision concerning my application for employment. Other than for the purpose of making a determination concerning my application for employment, I understand that the examining physician, medical review officer, substance abuse professionals, and/or other agents of the Company will not use or further disclose the information released pursuant to this authorization unless further expressly authorized by me or unless disclosure is required by law.

\_\_\_\_\_ (initial) I hereby grant permission to any person, firm or corporation to release any and all information regarding my past work history and my background. I hereby release the Company and those it contacts from any liability whatsoever as a result of such contact and the information provided and received as a result of such contact.

\_\_\_\_\_ (initial) I understand that any offer of employment that Moving Masters, Inc. may make to me will be conditioned on the results of a background investigation that may include, but may not be limited to, verification of my education and prior employment and review of my criminal history. I understand that Moving Masters, Inc. will provide me with a separate form to sign authorizing such background investigation. I further understand that if I am employed by Moving Masters, Inc., I may be required by certain Moving Masters, Inc. customers to authorize additional background investigations, which may include but may not be limited to fingerprinting and a review of criminal history in addition to that performed by the Company. I understand that I will not be required by Moving Masters, Inc. to authorize such additional background investigations; however, I acknowledge that, if I do not authorize such background investigations, I may not be eligible to continue performing services for such customers which may result in my reassignment to a different position or project, if any, for which I am qualified.

\_\_\_\_\_ (initial) I understand that if I am considered for a driving position, I am subject to all DOT regulations as they apply to the position, including those regulations regarding physical examinations and drug and alcohol testing procedures.

\_\_\_\_\_ (initial) I am not subject to any restrictive covenant, confidentiality agreement, non-disclosure agreement or agreement not to compete that would be violated by my performing services for the Company.

\_\_\_\_\_ (initial) I understand that I may be required, depending on my position , to sign an inventions and intellectual property, non-compete, confidentiality and or business ethics agreement as a condition of my employment.

\_\_\_\_\_ (initial) If hired, I agree to comply with the rules, policies and procedures of Moving Masters, Inc., which are subject to change at any time at the sole discretion of the Company.

\_\_\_\_\_ (initial) I understand that failure to produce documentation of my right to work in the United States and failure to retain valid work authorization is grounds for refusal to hire or dismissal if I am employed.

\_\_\_\_\_ (initial) I understand that if I am offered and accept employment with the Company, I am prohibited from using or disclosing confidential and proprietary information that I have acquired during my employment for use other than for the benefit of the Company. I also understand that I may be required to sign a confidentiality agreement and/or non-solicitation/non-disclosure agreement as a condition of employment.

\_\_\_\_\_ (initial) I further understand and agree that if I am offered and accept employment by Moving Masters, Inc. that my employment would be on an at-will-basis. This means that either I or the Company may terminate the employment relationship at any time with or without prior notice, and for any reason or no reason or cause. It also means the Company reserves the right to determine and change at any time my job duties, title, level and responsibilities, reporting relationships, compensation and benefits, as well as its personnel policies and procedures for any reason or for no particular reason or cause. I further understand and agree all employment with the Company is “at-will” and that only the Company President or Chief Executive Officer can enter into an agreement on any other terms and he/she can only do so in writing signed by him/her and the employee in question. I understand and agree that I have no employment contract with the Company and that the Company has no employment contract with me.

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Note for internet applications – Should you have a need, the Company will provide a reasonable accommodation to help you complete the application upon request. For assistance, please contact Human Resources at (301) 773-2777.