

# APPLICATION FOR EMPLOYMENT



**LIFT TRUCK SERVICE CENTER**

12829 Interstate 30 | Little Rock, AR 72209

An Equal Opportunity Employer.

Reasonable accomodation will be provided as required by law.

Last Name:		First Name:		Middle Initial:		Social Security Number:	
Street Address:		City/State:		Zip Code:		Phone Number:	
If hired can you provide evidence of legal eligibility to work in the U.S.?				Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.			
Position Desired:				Wage/Salary Desired:		Full Time? Part Time?	
Date you can begin work:		Are you 18 years of age or older?		If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.			
Name of high school attended:			City & State:	Graduate?	GED?		
Name of college or technical school:			City & State:	Graduate?	Degree?	Major:	
Are you presently enrolled in school?			If yes, give name & address of school and expected degree date:				
List any job-related skills or accomplishments, including military service:							
<b>- Your Availability For Work -</b>							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Total hours per week you are available to work:				Do you have any special requests or needs for a work schedule?			
<b>- Provide Three References Who Are Not Former Employers Who We May Contact -</b>							
Name and Occupation:			How do you know them, and for how long?			Phone Number:	

## YOUR EMPLOYMENT HISTORY

List names of employers with present or last employer listed first.

May we contact current employes before you are offered a position? _____	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: _____ To: _____
City, State, Zip Code:	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor:  Telephone:	Reason for Leaving:
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: _____ To: _____
City, State, Zip Code:	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor:  Telephone:	Reason for Leaving:
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: _____ To: _____
City, State, Zip Code:	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor:  Telephone:	Reason for Leaving:

**CAREULLY READ EACH STATEMENT  
BEFORE SIGNING AT THE BOTTOM**

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background check, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature:

Date:

**CONSENT TO BACKGROUND CHECK, MOTOR VEHICLE REPORT  
AND REFERENCE CHECK**

Applicant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_ Current Phone: \_\_\_\_\_

\_\_\_\_\_ AR Driver's License #: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize Lift Truck Service Center, Inc. and/or its agents to make investigation of my background, references, character, past employment, education, driving record (MVR), and criminal history record information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent.

I hereby consent to the Company's verifying all the information I have provided on my application form. I also agree to execute as a condition of employment or a condition of continued employment any additional written authorization necessary for the Company to obtain access to and copies of records pertaining to this information. With regard to the foregoing disclosures, I hereby agree to release any person, company, or other entity from any and all causes of action that otherwise might arise from supplying the Company with information it may request pursuant to this release. I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsifications be discovered after I am employed.

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

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