



# Employment Application

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
City State ZIP Code

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you legally permitted to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO  A positive response is not an automatic bar to employment with the company. The offense for which the person was convicted in relation to the position to which they have applied will be considered.

If yes, explain: \_\_\_\_\_  
Do you have a valid Driver's License? YES  NO  Are you above the minimum working age? YES  NO

## Job Interest

Position Applied For: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Indicate Availability to Work: ~~Full Time~~ Full Time  ~~Part Time~~ Part Time  Days  Evenings

Date Available to Start: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Are you able to work a 40 hour, 5 day work week with overtime if required? YES  NO

Are you able to perform the essential functions of the job applied for? YES  NO

If No, what accommodation would assist you? \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Location: \_\_\_\_\_

Courses Taken: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: \_\_\_\_\_ Location: \_\_\_\_\_

Courses Taken: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Location: \_\_\_\_\_

Courses Taken: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

Please list three personal references (not related) that you have known for at least five years.

Full Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Company & Title: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Full Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Company & Title: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Full Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Company & Title: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_



**Previous Employment**

List previous employers beginning with the most recent.

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO  Full Time  Part Time  Temporary

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO  Full Time  Part Time  Temporary

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO  Full Time  Part Time  Temporary

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

**By signing this application, I certify: That this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information and that falsification could be cause for dismissal. Further, RLS Logistics, or its agents may request employment information from my previous employers and persons or corporations who provide information related to my previous employment and will be released from any liability or damage. I hereby authorize the Company to obtain a criminal and credit background check which may be used in the employment decision. Also, I agree if required to undergo a medical examination or drug testing by a company designated physician or medical facility and understand that medical approval or negative test results are conditions of employment. If employed, I agree that such employment will be on a trial basis for an introductory period of 90 days and that employment may be terminated during that period with or without just cause. I further understand that both New Jersey and Pennsylvania are states recognized as "employment at will"—meaning that employers and employees may terminate their employment relationship at any time with or without cause or prior notice.**

**EEO Statement**

**RLS Logistics provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, marital status, amnesty, or status as a Vietnam-era or special disabled veteran in accordance with applicable federal, state and local laws.**

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



**USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION IF REQUIRED.**

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
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 Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 May we contact your previous supervisor for a reference?  YES  NO Full Time  Part Time  Temporary

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 Responsibilities: \_\_\_\_\_  
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 May we contact your previous supervisor for a reference?  YES  NO Full Time  Part Time  Temporary

List previous employers beginning with the most recent.

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